

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000005881**

1. Entity Name  
**PRIM MGMT, LLC**

Principal Place of Business  
**2916 WEST CLIFTON STREET  
TAMPA FL 33614**

Mailing Address  
**2916 WEST CLIFTON STREET  
TAMPA FL 33614-6004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3599829**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCCAIN, CARTER B  
400 NORTH TAMPA STREET  
STE 2300  
TAMPA FL 33602**

Name **ROLANDO W. MARTELIZ**

Street Address (P.O. Box Number is Not Acceptable)

**4610 N. Armenia Ave # 201**

City **TAMPA** FL Zip Code **33603**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Rolando W. Marteliz**  
Signature, typed or printed name of registered agent and title if applicable.

*Rolando W. Marteliz*  
(NOTE: Registered Agent signature required when reinstating)

**5-1-00**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME  Delete  
**MGR MARTELIZ, ROLANDO W**  
STREET ADDRESS **2916 WEST CLIFTON STREET**  
CITY-ST-ZIP **TAMPA FL**

Change  Addition  
**900003269579--4**  
**-05/30/00--01009--006**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MGR LACA, ROXANN S**  
STREET ADDRESS **2916 WEST CLIFTON STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Roxann S. Laca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**5-1-00**  
Date

Daytime Phone #

CR2000 (9/99)