

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005881

1. Entity Name
PRIM MGMT, LLC

FILED

01 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2916 WEST CLIFTON STREET
TAMPA FL 33614

Mailing Address
2916 WEST CLIFTON STREET
TAMPA FL 33614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

MARTELIZ, ROLANDO W
4610 N. ARMENIA AVENUE, SUITE 201
TAMPA FL 33603

Name Roxann S. Laca
Street Address (P.O. Box Number is Not Acceptable) 2916 W. Clifton St.
City Tampa FL 33614

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME ☐ Change ☐ Addition
800004274118-3
-05/21/01--01141--026
*****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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

4-26-01 (813) 874-6466

CR2E083 (11/00)