

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001822 AF

**DOCUMENT # M98000001307**

1. Entity Name  
**PRIMESOURCE FINANCIAL, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business      Mailing Address

4000 HOLLYWOOD BLVD      4000 HOLLYWOOD BLVD  
400 NORTH      400 NORTH  
HOLLYWOOD FL 33021      HOLLYWOOD FL 33021-6751



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2127486**      ☐ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MEMBERS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change      ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change      ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change      ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change      ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change      ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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: **Andrew N. Schwartzberg**      **1/27/00**      **351-990-0425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)