

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P00000022070*

1. Entity Name

*PRIME MORTGAGE & INVESTMENT, INC.*

FILED

02 SEP 18 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*16499 N.E. 19th AVE*

3. Mailing Address

*16499 NE 19th AVE*

Suite, Apt. #, etc.

*105*

Suite, Apt. #, etc.

*105*

City & State

*N. MIAMI BEACH, FLORIDA*

City & State

*N. MIAMI BEACH FL*

Zip

*33162*

Country

*U.S.A*

Zip

*33162*

Country

*USA*

4. FEI Number

*05-0988970*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*HAL BLAISE*

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

*425 NW 210th Street #206*

City

*MIAMI*

FL

Zip Code

*33169*

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

*09-06-02*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*HANS PRICE PISITID*  
*16499 NE 19th AVE Ste. 105*  
*N. Miami Beach, FL 33162*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*400007854734-2*  
*-09/19/02--01087--008*  
*\*\*\*300.00 \*\*\*300.00*

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IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*H. Blaise*

*9/6/02*

*305-947-9154*

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

**HB ACCOUNTING SVCS.**

3121 WEST HALLANDALE BEACH BLVD. SUITE 115  
PEMBROKE PARK, FL 33009  
PHONE 954-965-9990 FAX 954-965-9989

September 7, 2002

DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear Sir or Madam:

I am sending this letter to inform you that my client did not receive the UBR for the years 2000 and 2001. I am sending you the fees for \$ 300.00 in order to reinstate the corporation.

The name of the corporation is PRIME MORTGAGE & INVESTMENT, INC.

The document Number is P00000022070

The correct address is 16499 NE 19<sup>TH</sup> AVE SUITE 105 NORTH MIAMI BEACH, FL 33162

Sincerely,



Hals Blanc