

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 008 ***150.00

DOCUMENT # P00000048433

1. Entity Name
PRIME INDUSTRIES, INC.



Principal Place of Business

11860 W. STATE ROAD 84
SUITE # B-14
DAVIE FL 33325
US

Mailing Address

11860 W. STATE ROAD 84
SUITE # B-14
DAVIE FL 33325
US

2. Principal Place of Business

1133 Sawgrass Corp. Pkwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise Florida

City & State

4. FEI Number

65-1020927

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAND, MARK S ESQ.
3400 HOLLYWOOD BLVD.,
SUITE #450
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D LACOURLY, MARC**
STREET ADDRESS **4110 AMBER WAY**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Change ☒ Addition
NAME **Emmanuel Gazo**
STREET ADDRESS **10 Rue Bichat**
CITY-ST-ZIP **Paris 75010 France**

TITLE ☐ Delete
NAME **D LEFOUL, LAURENT**
STREET ADDRESS **11860 W. STATE ROAD 84, STE B-14**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☒ Change ☐ Addition
NAME **Lefoul, Laurent**
STREET ADDRESS **6. Bis Rue Pierre Dupont**
CITY-ST-ZIP **Suresnes 92150 France**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 **(954) 838 7620**
Date Daytime Phone #

CR2E034 (10/02)