2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000054663 PRIME FINANCIAL, INC. 04-17-2001 90126 037 ***150.00 Principal Place of Business Mailing Address 14000 MILITARY TRAIL, SUITE 104 14000 MILITARY TRAIL, SUITE 104 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address 2500 Quantum Lakes DR 2500 iluuntum lakes Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 203 203 City & State Bornton Beach City & State Applied For 4. FEI Number Boynton Beach, FL 65-1073366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 334*26* Fee Required -6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Jamison, David JAMISON, DAVID Street Address (P.O. Box Number is Not Acceptable) 14000 MILITARY TRAIL, SUITE 104 **DELRAY BEACH FL 33484** Suite 203 ^{Zip Code} 426 aterpent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) ered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE Jamison, David JAMISON, DAVID 2 500 Quantum Lakes Drive NAME STREET ADDRESS 14000 MILITARY TRAIL, SUITE 104 STREET ADDRESS Boynton Beach, FL 33426 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** Bazzon, Flavia Aumore 2500 Quantum Lakes Drive ☐ Delete TIT! F NAME NAME BAZZONN, FLAVIA STREET ADDRESS STREET ADDRESS 14000 MILITARY TRAIL, SUITE 104 Boynton Beach, FL 33426 CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐: Delete TITLE. TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

David Jami

Jamison, Director

04/03/ 200

(561) 496-6514

Daytime Phone #