

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90205 031 \*\*\*150.00

**DOCUMENT # P00000060370**

1. Entity Name  
**PRIMESTATE REALTY INC.**



Principal Place of Business  
**7130 SOUTH BLOSSOM TRAIL  
SUITE 127  
ORLANDO FL 32809**

Mailing Address  
**7130 SOUTH BLOSSOM TRAIL  
SUITE 127  
ORLANDO FL 32809**



2. Principal Place of Business  
**1025 DARRIDGE RD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE A**

Suite, Apt. #, etc.

City & State  
**ORLANDO FL.**

City & State

Zip  
**32809** Country  
**USA**

Zip Country

4. FEI Number  
**59-3668853**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**DAGANI, VALENTINE F JR.  
7130 SOUTH BLOSSOM TRAIL  
SUITE 127  
ORLANDO FL 32809**

## 7. Name and Address of New Registered Agent

Name  
**DAGANI, VALENTINE F. JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1025 DARRIDGE RD. SUITE A**  
City  
**ORLANDO** FL Zip Code  
**32809**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/07/03**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAGANI, VALENTIN F JR.  
500 N. JOHN YOUNG PKWY.  
KISSIMMEE FL 34741** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
YAP, AL  
3950 KAWA DRIVE  
ORLANDO FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
GUEVARRA, RAINER  
1712 CHISBURY COURT  
ORLANDO FL 32837** ☐ 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

*[Signature]* **407-342-9395**  
Date Daytime Phone #

CR2E034 (10/02)