2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000107461 PRIMEVEST CORP. 05-04-2001 90145 012 ***150.00 Principal Place of Business Mailing Address 8385 SOUTHWEST 97TH STREET 8385 SOUTHWEST 97TH STREET MIAMI FL 33193 MIAMI FL 33193 3. Mailing Address 0225 SW 97 ST 2. Principal Place of Business 8385 SW 9 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State MIAMI City & State 4. FEI Number MIAMI Applied For 65-1055046 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARDO JUNCO SPIEGEL & UTRERA. P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** MIAMI 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 BERNARDO JUNCO (PRESIDENT) (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible --FILE NOW!!! FEE IS \$150.00 - . . . 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Delete TITLE らしか Change Change ☐ Addition JUNCO, BERNARDO 8385 SW 97 ST NAME JUNCO, BERNARDO NAME STREET ADDRESS 8385 SOUTHWEST 97TH STREET STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 over like empowered.

BERNARDO JUNCO

NAME OF SIGNING OFFICER OR DIRECTOR