

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90064 029 ***550.00

DOCUMENT # P01000046473

1. Entity Name
PRIME INVESTMENT PLUS, INC.

Principal Place of Business

~~615 NE 124TH STREET~~
~~NORTH MIAMI FL 33161~~

Mailing Address

~~615 NE 124TH STREET~~
~~NORTH MIAMI FL 33161~~

2. Principal Place of Business

626 NE 124th

Suite, Apt. #, etc.

3. Mailing Address

626 NE 124th

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

4. FEI Number

65-1109284

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

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

6. Name and Address of Current Registered Agent

RIGODON, ANNEL
615 NE 124TH STREET
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

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 **ANNE RIGODON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D**
RIGODON, ANNEL
STREET ADDRESS **205 NE 122ND STREET**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Delete
NAME **VD**
LOUIS, BERTHONY
STREET ADDRESS **586 NW 108TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
NAME **TD**
ST-JEAN, ALBERT
STREET ADDRESS **13215 NE 12TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
NAME **SD**
DARIUS, ICLESIASTE
STREET ADDRESS **7957 NORMANDY**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete
NAME **NAME**
STREET ADDRESS **STREET ADDRESS**
CITY-ST-ZIP **CITY-ST-ZIP**

TITLE ☐ Delete
NAME **NAME**
STREET ADDRESS **STREET ADDRESS**
CITY-ST-ZIP **CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **SD**
Iclesiaste Darius
STREET ADDRESS **771 S.W 190 AVE**
CITY-ST-ZIP **MIRAMAR FL 33029**

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

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-02

Date

Daytime Phone #

CR2E034 (4/02)