

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90130 016 ***163.75

DOCUMENT # P01000065909

1. Entity Name
PRIME REALTY & INVESTMENTS, INC.



Principal Place of Business
**1756 EAGLE TRACE BLVD
CORAL SPRINGS FL 33071**

Mailing Address
**1756 EAGLE TRACE BLVD
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

**900 N Federal Hwy
Suite, Apt. #, etc.
410**

**12601 Eagle Trace Blvd.
Suite, Apt. #, etc.**

City & State
BOCA RATON FL.

City & State
Coral Springs, FL.

Zip Country
33432 USA

Zip Country
33071 USA

4. FEI Number **65-1144325**

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

7. Name and Address of New Registered Agent

**BROWN, ELIZABETH B PL
900 N FEDERAL HWY SUITE 410
BOCA RATON FL 33432**

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 **PSTD BLOOM, DIANE E**
STREET ADDRESS **1756 EAGLE TRACE BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME **BLOOM, DIANE E**
STREET ADDRESS **12601 EAGLE TRACE BLVD**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

1/28/03 561-417-7115

CR2E034 (10/02)