

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90194 042 ***150.00

DOCUMENT # P01000092271

1. Entity Name
PRIME REAL ESTATE & ASSOCIATES, INC.



Principal Place of Business
11401 SW 40 ST
#110
MIAMI FL 33165

Mailing Address
11401 SW 40TH STREET #201
MIAMI FL 33165

90029009



2. Principal Place of Business

3. Mailing Address

11401 SW 40 ST

Suite, Apt. #, etc.

110

City & State

Miami, FL

Zip

33165

Country

USA

4. FEI Number 65-1142202

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

QUINTERO, YEISY
11401 SW 40TH STREET #201
MIAMI FL 33165

Name YEISY Quintero

Street Address (P.O. Box Number is Not Acceptable)

11401 SW 40 ST Suite 110

City Miami

FL

Zip Code 33165

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.

YEISY Quintero

1-4-03

(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 D
NAME QUINTERO, YEISY
STREET ADDRESS 11401 SW 40TH STREET #201
CITY-ST-ZIP MIAMI FL 33165

☐ Delete

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☐ Change ☐ Addition

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☐ 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 reports 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/03

Daytime Phone #

CR2E034 (10/02)