

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -9 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000040759

1. Entity Name  
PRIMITIVA INTERNATIONAL, INC



Principal Place of Business  
15841 PINES BOULEVARD #146  
PEMBROKE PINES FL 33027

Mailing Address  
15841 PINES BOULEVARD #146  
PEMBROKE PINES FL 33027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3641722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GBS CONSULTANTS  
1290 WESTON ROAD  
SUITE 210  
WESTON FL 33328

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 \$550.00

After September 10, 2003 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
DIAZ, MARIA A  
15841 PINES BOULEVARD #146  
PEMBROKE PINES FL 33027 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
GARCIA, PRIMITIVA J  
15841 PINES BOULEVARD #146  
PEMBROKE PINES, FL 33027. ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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600023677086  
10/09/03--01079--015 \*\*\$550.00 ☐ 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 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:

PRIMITIVA J GARCIA

Date

09/06/03

Daytime Phone #

954.8859621

CR2E034 (4/03)

21 10/10