

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90121 038 \*\*\*150.00

**DOCUMENT # P02000092619**

1. Entity Name  
**PRIVE CORP.**



Principal Place of Business  
**1782 NE 177TH STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**1782 NE 177TH STREET  
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

**3200 N Federal Hwy  
Suite, Apt. #, etc. K-7**

3. Mailing Address

**3200 N Federal Hwy  
Suite, Apt. #, etc. K-7**

City & State  
**FT. Lauderdale F**

City & State  
**FT. Lauderdale FL**

Zip  
**33306**

Zip  
**33306**

4. FEI Number  
**41-2057163**

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

**FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD.  
SUITE 350-N  
HOLLYWOOD FL 33021**

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 \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGAKOPOULOS, GEORGE</b>	
STREET ADDRESS	<b>1782 NE 177TH STREET</b>	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PITSOULAKIS, STELLA</b>	
STREET ADDRESS	<b>1782 NE 177TH STREET</b>	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGAKOPOULOS, GEORGE</b>	
STREET ADDRESS	<b>3200 N. Federal HWY K-7</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33306</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITSOULAKIS, STELLA</b>	
STREET ADDRESS	<b>3200 N Federal Hwy K-7</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33306</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**3-5-02**

Date Daytime Phone #

CR2E034 (10/02)