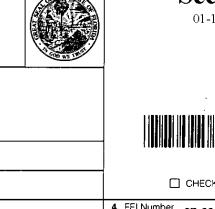
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023335

1. Entity Name

PRIMA INDUSTRIES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90143 016 ***150.00

| 1201 SILVER LAKE PARK F US | L 33403 | Mailing Address 1201 SILVER BEACH RD LAKE PARK FL 33403 | | | | | | | | |
|--|---|---|--------------------|----------|--|---|---|---------------|----------------------------------|-------------|
| 2. Principal F | Place of Business | 3. Mailing | g Address | | | | 1 10021000 IIO CUTON AINE NUUE OOMA NUUE NUUL NUUL | & 11500 1510: | 9 13181 5 131 1841 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \dashv | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | de | City & State | | | | 4. F | 4. FEI Number 65-0398807 | | | 7 |
| Zip | Country | Zip | Zip Count | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | 1 |
| | 6. Name and Address of Current | Registered | Agent | | | 7. 1 | Name and Address of New Registered Age | nt | | 1 |
| | | | | | Name | | • | | | |
| | SALVATORE HAVEN DR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | 1 |
| :_ :_ : | BEACH FL 33408 | | | | | | | | | - |
| | | , | | | City | | FL | Zip Coo | de | ┥. |
| | lions of registered agent. | | | | ed office or requirements | | ent, or both, in the State of Florida. I am fam | iliar with, | , and accept | |
| Make Check | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o | | | | | ! | 9. Election Campaign Financing Trust Fund Contribution. | Adde | OO May Be d to Fees | |
| 10. | OFFICERS AND | DIRECTORS | | 11. | | AD | DITIONS/CHANGES TO OFFICERS AND DE | | | ∤ a |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LAURIE, LUCIDO 1718 FAIRHAVEN DR N. PALM BCH FL | | □ Delete | | | | L |] Change | ☐ Addition | 20/04/ 4007 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUCIDO, ALEXANDER J 1201 SILVER BEACH RD LAKE PARK FL 33403 | | ☐ Delete | | | • | |] Change | ☐ Addition | 100 |
| TITLE NAME | STD LUCIDO, SALVATORE | | ☐ Delete | TITLE | 1 | | |] Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1201 SILVER BEACH RD LAKE PARK FL 33403 | | | | ST-ZIP | | | | <u> </u> | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUCIDO, ALEXANDER 718 FAIRHAVEN DR N PALM BEACH FL | | ☐ Delete | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | 1 | | | Ε |] Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | |) Change | ☐ Addition | |
| 12. I hereby o | certify that the information supplied with | this filing do | es not qualify for | the exer | nption stated | in Section 1 | 19.07(3)(i), Florida Statutes. I further certify | that the i | nformation | ĺ |

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.

SIGNATURE:

561-863-8081

Daytime Phone #