

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90224 028 ***550.00

DOCUMENT # P93000086933

1. Entity Name
PRIME TICKETS & TOURS, INC.

Principal Place of Business

13352 SW 128 ST
 MIAMI FL 33186
 US

Mailing Address

13352 SW 128 ST
 MIAMI FL 33186
 US

2. Principal Place of Business

9745 SW 72 Street
 Suite, Apt. #, etc.
 # 212

City & State
 Miami FL

Zip 33173 Country USA

3. Mailing Address

9745 SW 72 Street
 Suite, Apt. #, etc.
 # 212

City & State
 Miami FL

Zip 33173 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0455145**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, STEVE
 5910 SW 7TH ST
 MIAMI FL 33144

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD**
 NAME **ROSEN, STEVEN**
 STREET ADDRESS **5910 S.W. 7TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

8/9/02
 Date Daytime Phone #

CR2E034 (9/01)