

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90928 038 \*\*\*158.75

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**DOCUMENT # P95000011706**



**1. Entity Name**  
**PRIMEVEST MANAGEMENT CORP.**

**Principal Place of Business**  
P O BOX 616897  
ORLANDO FL 32861

**Mailing Address**  
P O BOX 616897  
ORLANDO FL 32861



**2. Principal Place of Business**  
**5600 EAST COLONIAL DR.**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
**Orlando, FL.**

**City & State**

**4. FEI Number**  
**59-3389893**

Applied For  
Not Applicable

**Zip**  
**32807**

**Country**  
**U.S.**

**Zip**

**Country**

**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**

**ROSARIO, NICOLAS**  
**822 CAMARGO WAY, #109**  
**ALTAMONTE SPRINGS FL 32791**

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**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROSARIO, NICOLAS</b>
STREET ADDRESS	<b>822 CAMARGO WAY, #109</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32791</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MATOS, ISABEL</b>
STREET ADDRESS	<b>822 CAMARAGO WAY, #109</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Nicolas Rosario **Nicolas Rosario** **4/8/03** **407-342-5321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)