06-18-2003 10:40 FROM-Jonathan Shepard

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90012 021 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026458

1. Entity Name

PRIME CAPITAL RESOURCES, INC.

90140251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1122 CONEY ISLAND AVENUE		1122 CONEY ISLAND AVENUE	
Suite, Apt #, etc: SUITE 214		Suite, Apt. #, etc: SUITE 214	
City & State: BROOKLYN, NY		City & State: BROOKLYN, NY	
Zip: 11230	Country: USA	Zip: 11230	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3382592 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

DO NOT WRITE IN THIS SPACE

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 ____________________ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
Natan David Shapiro 1122 Coney Island Avenue #214 Brooklyn, NY 11230	P/D	
Adel Frank 1122 Coney Island Avenue #214 Brooklyn, NY 11230	S/D	
		DO NOT WRITE IN THIS SPACE

CR2E034 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/19/03 718-434-3800

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