

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90088 006 ***150.00

DOCUMENT # P95000053557

1. Entity Name
PRIME WEST, INC.



Principal Place of Business
**2000 NW 92ND AVENUE
MIAMI FL 33172**

Mailing Address
**2000 NW 92ND AVENUE
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0597971**

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

7. Name and Address of New Registered Agent

**ORTEGA, JOSE A
2000 NW 92ND AVENUE
MIAMI FL 33172**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, JOSE A	
STREET ADDRESS	2000 NW 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	UNANUE, FRANCISCO R	
STREET ADDRESS	2000 NW 92ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACHADO, JOSE L	
STREET ADDRESS	2229 NW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	UNANUE, FRANCISCO	
STREET ADDRESS	ORQUIDEA #23	
CITY-ST-ZIP	RIO PIEDRAS, PUERTO RICO	
TITLE	VSDT	<input type="checkbox"/> Delete
NAME	FRANCISCO R. UNANUE	
STREET ADDRESS	2000 NW 92 AVE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 305/591-9785
Date Daytime Phone #

CR2E034 (10/02)