

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062542

1. Entity Name
PRIMORTGAGE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90010 026 ***150.00

Principal Place of Business
1250 E. HALLANDALE BEACH BLVD
808
HALLANDALE FL 33009
US

Mailing Address
1250 E. HALLANDALE BEACH BLVD.
808
HALLANDALE FL 33009-4642
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

710

710

City & State

City & State

4. FEI Number
65-0603721

Applied For
Not Applicable

Zip

Country

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

O'NEILL, ARTURO
105 NW 208 ST
N MIAMI FL 33169

Name
O'NEILL ARTURO
Street Address (P.O. Box Number is Not Acceptable)
1920 S. OCEAN DR
#6C
City
HALLANDALE BEACH FL Zip Code
33009

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME O'NEILL, ARTURO
STREET ADDRESS 105 NW 208 ST
CITY-ST-ZIP N MIAMI FL 33169 ☐ Delete

TITLE PD
NAME O'NEILL, ARTURO
STREET ADDRESS 1920 S. OCEAN DR. #6C
CITY-ST-ZIP HALLANDALE BCH, FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ARTURO O'NEILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04-25-00 Daytime Phone # 954-454-3454

CR2E034 (9/99)