

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062542

1. Entity Name
PRIMORTGAGE, INC.

FILED
03-24-2002 90082.036 ***550.00
DIVISION OF CORP95000062542

02 APR 24 PM 4:00

Principal Place of Business
1250 E. HALLANDALE BEACH BLVD
710
HALLANDALE FL 33009
US

Mailing Address
1250 E. HALLANDALE BEACH BLVD
710
HALLANDALE FL 33009
US

REINSTATEMENT

01-02

2. Principal Place of Business
1920 S. OCEAN DRIVE

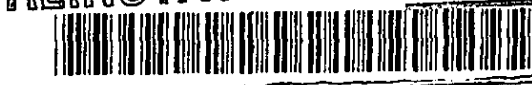
3. Mailing Address
1920 S. OCEAN DRIVE

Suite, Apt., #, etc.
6C

City & State
HALLANDALE BEACH FL

Zip
33009

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0603721**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
O'NEILL, ARTURO
1920 S. OCEAN DR.
6C
HALLANDALE BEACH FL 33009

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 **ARTURO O'NEILL** **03-08-02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature to be used 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, 2001 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, ARTURO		NAME		
STREET ADDRESS	1920 S. OCEAN DR., 6C		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **ARTURO O'NEILL** **03-08-02** **954-455-7794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)