## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 14, 2001 8:00 am DOCUMENT # P9700010750 Secretary of State PRIME COURT REALTY & INVESTMENTS INC. 05-14-2001 90196 047 \*\*\*158.75 Principal Place of Business Mailing Address 6299 WEST SUNRISE BLVD \$975 WEST-SUNRISE-BLVD..-STE. 2090 ROYAL PALM #201A Sunrise FL 33319 C0064354 SUNRISE FL 33313 2. Principal Place of Business RLYD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0721826 I Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, BENTLEY H Street Address (P.O. Box Number is Not Acceptable) 6299 W SUNRISE BLVD SUNRISE ROYAL PLAZA STE 200A SUNRISE FL 33313 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, BENTLEY H NAME NAME 5641 NW 13 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LEE, LYNETTE T NAME NAME STREET ADDRESS 310 NW 195 AVE. STREET ADDRESS CITY-ST-ZIP-PEMBROKE PINES FL 33029 CITY-ST-ZIP ☐ Change — ☐ Addition TITLE Delete TITLE BENTLEY, NELL W NAME NAME 5641 NW 13 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED