

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000011647**

1. Entity Name

**PRIME INVESTORS AND DEVELOPERS, INC.****FILED****Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90077 033 \*\*\*150.00

Principal Place of Business	Mailing Address
21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON FL 33433	21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON FL 33433-2435

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0724658	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ABBO, FREDDY 2218 ST ANDREWS BLVD #510 BOCA RATON FL 33433

7. Name and Address of New Registered Agent		
Name ABBO, FREDDY		
Street Address (P.O. Box Number is Not Acceptable) 21218 ST. ANDREWS BLVD.		
SUITE 510		
City BOCA RATON	FL	Zip Code 33433

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 *Freddy Abbo* DATE 3-9-2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABBO, FREDDY 21218 SAINT ANDREWS BOULEVARD, SUITE 510 BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBO, LARRY MAYER 21218 SAINT ANDREWS BOULEVARD, SUITE 510 BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBO, EDUARDO 21218 SAINT ANDREWS BOULEVARD, SUITE 510 BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBO, EVA 21218 SAINT ANDREWS BOULEVARD, SUITE 510 BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Freddy Abbo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate 3-9-2000 Daytime Phone # 561/893-9660