

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028894

1. Entity Name

PRIMERO REALTY INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90049 032 ***150.00

Principal Place of Business

Mailing Address

~~4020 80 AVE N~~
~~SUITE 2~~
~~PINELLAS PARK FL 33781~~

~~4020 80 AVE N~~
~~SUITE 2~~
~~PINELLAS PARK FL 33781-2547~~

2. Principal Place of Business

5521 CENTRAL AVE.

3. Mailing Address

5521 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3480421

Applied For

Not Applicable

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

RODRIGUEZ, LUIS A

~~4020 80 AVE N~~

~~SUITE 3~~

~~PINELLAS PARK FL 33781~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5521 CENTRAL AVE.

City ST PETERSBURG

FL

Zip Code

33710

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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, 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 **P** ☐ Delete
 NAME **RODRIGUEZ, LUIS A**
 STREET ADDRESS **6273 BAHIA DEL MAR BLVD CONDO 116**
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

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

TITLE **VP** ☐ Delete
 NAME **HAWBAKER-RODRIGUEZ, GLADYS**
 STREET ADDRESS **6273 BAHIA DELMAR BLVD CONDO 116**
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Luis A Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

(727)
 344-3315
 Daytime Phone #

CR2E034 (9/99)