

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2000 08:00 AM  
Secretary of State

DOCUMENT # P97000093247

1. Entity Name  
PRIME CAPITAL INVESTMENTS, INC.

Principal Place of Business  
12964 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

Mailing Address  
12964 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

2. Principal Place of Business  
4037 WH. BIRCH WAY  
Suite, Apt. #, etc.

3. Mailing Address  
4037 WH. BIRCH WAY  
Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State  
ORLANDO FL

Zip  
32817

Country  
US

4. FEI Number  
59-3475999

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

TRAGO BRIAN E  
12964 DOWNSTREAM CIRCLE  
ORLANDO FL 32828 US

## 7. Name and Address of New Registered Agent

Name  
TRAGO BRIAN E

Street Address (P.O. Box Number is Not Acceptable)  
4037 WH. BIRCH WAY

City  
ORLANDO FL

Zip Code  
32817

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)

06/19/2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TRAGO BRIAN E  
12964 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TRAGO BRIAN E  
4037 WH. BIRCH WAY  
ORLANDO FL 32817

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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NAME  
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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: Brian E. Trago

D 06/19/2000