

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90010 034 ***150.00

DOCUMENT # P97000096079

1. Entity Name

PRIMEX CORP.

Principal Place of Business

**5151 COLLINS AVENUE
SUITE 834
MIAMI BEACH, FL 33140**

Mailing Address

**2917 NW 82 AVE
MIAMI, FL 33172-1818
US**

2. Principal Place of Business

3533 NW 82 Ave

3. Mailing Address

3533 NW 82 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Miami, Fl

4. FEI Number

65-0794485

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

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

**SALEMME, EDUARDO
5151 COLLINS AVENUE
SUITE 834
MIAMI BEACH, FL 33140**

Name

SALEME, EDUARDO

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

3533 NW 82 Ave

City

Miami, Florida

FL

Zip Code

33122

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

SALEME, EDUARDO (President/Reg. Agent)

04/12/00

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 **DVPS** ☒ Delete
NAME **SALEMME, EDUARDO**
STREET ADDRESS **5151 COLLINS AVENUE, #834**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **SALEME, EDUARDO**
STREET ADDRESS **3533 NW 82 Ave. Miami, Fl 33122**
CITY-ST-ZIP **3533 NW 82 Ave. Miami, Fl 33122**

TITLE **DP** ☒ Delete
NAME **MARIA ALEJANDRA LIZARAZU**
STREET ADDRESS **5151 COLLINS AVENUE, #834**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **DP** ☒ Change ☐ Addition
NAME **MARIA ALEJANDRA LIZARAZU**
STREET ADDRESS **3533 NW 82 Ave. Miami, Fl 33122**
CITY-ST-ZIP **3533 NW 82 Ave. Miami, Fl 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE REQUIRED SALEME, EDUARDO (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/00 3055990044

CR2E034 (9/99)