

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90353 033 ***150.00

DOCUMENT # **P97000096079**

1. Entity Name:

PRIMEX CORP. ✓

DO NOT WRITE IN THIS SPACE

658267

2. Principal Place of Business

3533 NW 82 AVE

Suite, Apt. #, etc.

3. Mailing Address

3533 NW 82 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL**

City & State **MIAMI FL**

4. FEI Number **650794485**

Applied For

Not Applicable

Zip **33122**

Country **USA**

Zip **33122**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **NICANOR O. BASAVILBASO**

Street Address (P.O. Box Number is Not Acceptable)
284 BAL HARBOR DR AP# 4A

City **BAL HARBOR**

FL 33154

**DO NOT WRITE
IN THIS SPACE**

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.

NICANOR O. BASAVILBASO

(Not a Registered Agent signature required when relating)

DATE

04/20/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
**DPS
NICANOR O. BASAVILBASO
284 BAL BAY DR. AP#4A
BAL HARBOR 33154, FL**

TITLE
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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 on an attachment with an address, with all other names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICANOR O. BASAVILBASO 04/20/02 #305590044

Date

Deputy Phone #

CR2E034B (12/01)