

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005581

1. Entity Name

PRIMARY GENPAR, INC. (PALM SPRINGS)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90139 018 ***150.00

Principal Place of Business 1840 WEST 49TH STREET SUITE 700 HIALEAH FL 33012	Mailing Address 1840 WEST 49TH STREET SUITE 700 HIALEAH FL 33012-2944
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. SUITE 410 City & State		3. Mailing Address Suite, Apt. #, etc. SUITE 410 City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0806736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SILVER, SCOTT A
1110 BRICKELL AVENUE., PENTHOUSE 1
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
PAUL H. FREEMAN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
1840 WEST 49 STREET
SUITE 410
 City **HIALEAH** FL Zip Code **33012**

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 **PAUL H. FREEMAN, ESQUIRE** DATE **4-27-00**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, BRADLEY S 1840 WEST 49TH STREET., STE 700 HIALEAH FL 33012
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1840 WEST 49 STREET, SUITE 410
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> 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: **BRADLEY S. WEISS** DATE **4-27-00** DAYTIME PHONE # **305 828 3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)