

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am  
Secretary of State

02-14-2001 90018 035 \*\*\*150.00

DOCUMENT # P98000008240

1. Entity Name

PRIMO ENTERPRISE USA, INC.

Principal Place of Business

4701 N.W. 34TH STREET  
APT. TT502  
LAUDERDALE LAKES FL 33319

Mailing Address

4701 N.W. 34TH STREET  
APT. TT502  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

4701 N.W. 34<sup>th</sup> Street

Suite, Apt. #, etc.

APT. TT502

3. Mailing Address

4701 N.W. 34<sup>th</sup> Street

Suite, Apt. #, etc.

APT. TT502

City & State

LAUDERDALE LAKES

City & State

LAUDERDALE LAKES

Zip

FL 33319

Country

BROWARD

Zip

FL 33319

Country

BROWARD

6. Name and Address of Current Registered Agent

FIORE, PRIMIANO  
4701 N.W. 34TH STREET  
APT. TT502  
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name FIORE PRIMIANO

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

4701 N.W. 34th Street APT. TT 502

LAUDERDALE LAKES

City FLORIDA

FL

Zip Code  
33319

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: Primiano Fiores Pres PRIMIANO FIORE Pres. February 7-2001  
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, 2001 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 D ☐ Delete  
NAME FIORE, PRIMIANO  
STREET ADDRESS 4701 N.W. 34TH STREET, APT. TT502  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Primiano Fiores Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7-2001 -954-485-5306  
Date Daytime Phone #

CR2E034 (10/00)