

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000070852**

1. Entity Name

**PRIME FLORIDA LAND CORP.**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90268 049 \*\*\*150.00

Principal Place of Business

Mailing Address

9629 WESTVIEW DR., PMB 276  
 CORAL SPRINGS FL 33076

9629 WESTVIEW DR., PMB 276  
 CORAL SPRINGS FL 33076-2513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

**RAND, SCOTT**  
 7491 N FEDERAL HWY  
 STE 176  
 BOCA RATON FL 33487

Name

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

**9629 Westview Dr. PMB 276**

City

**Coral Springs**

FL

Zip Code **33076**

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]*

**Scott Rand**

**1/18/00**

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.

**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  Delete  
 NAME **D RAND, SCOTT**  
 STREET ADDRESS **500 S. AUSTRALIAN AVENUE #120**  
 CITY-ST-ZIP **WET PALM BEACH FL 33407**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **9629 Westview Dr. PMB 276**  
 CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/00**

Date

**954-341-1409**

Daytime Phone #

CR2E034 (9/99)