

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 024 ***158.75

DOCUMENT # P98000083892

1. Entity Name

Primtech Corp.

DO NOT WRITE IN THIS SPACE

B0062009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6960 NE 3 Ave

Suite, Apt. #, etc.

3. Mailing Address

6960 NE 3 Ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami

4. FEI Number

650866395

Applied For

Not Applicable

Zip

33148

Country

USA

Zip

33148

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Whittaker

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

612 NW 62 Street

City

Miami

FL

Zip Code 33150

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.

Richard Whittaker

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2002

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 PD
NAME Carlos Carrasco
STREET ADDRESS 6621 Sunset Dr.
CITY-ST-ZIP Miami, FL 33143

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STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS L. CARRASCO 4/11/02

Date

305-805-5556

Daytime Phone #