

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 980000 89524*

1. Entity Name

*PRIME PROPERTY MANAGEMENT SERVICES, INC.*

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90059 020 \*\*\*150.00

**CUD48981**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

*10030 NW 9th Cir, #204  
MIAMI, FL 33172*

Mailing Address

*PO BOX 226995  
MIAMI, FL 33122-6995*

2. Principal Place of Business

*10030 NW 9th Cir.*

3. Mailing Address

*P.O. BOX 226995*

Suite, Apt. #, etc.

*204*

Suite, Apt. #, etc.

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

Zip

*33172*

Country

*U.S.A.*

Zip

*33122-6995*

Country

*U.S.A.*

4. FEI Number

*65-0871805*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

*FORMAN, TERRY J.  
1521 SW LEJEUNE ROAD  
CORAL GABLES, FL 33134*

7. Name and Address of New Registered Agent

Name

*SAME*

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

City

**FL**

Zip Code

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.

(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 *PSD* ☐ Delete  
NAME *DELGADO NOEMI*  
STREET ADDRESS *10030 NW 9th Cir. #204*  
CITY-ST-ZIP *MIAMI, FL 33172*

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  
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TITLE ☐ Change ☐ Addition  
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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:

*Delgado Noemi Delgado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-11-01*

Date

*305-798-0569*

Daytime Phone #

CR2E034 (11/00)