

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101388

1. Entity Name

PRIME AMERICA PROPERTIES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90051 003 ***150.00

Principal Place of Business

Mailing Address

1600 S. DIXIE HWY.
304
BOCA RATON FL 33432

1600 S. DIXIE HWY.
304 504
BOCA RATON FL 33432-7402

2. Principal Place of Business

3. Mailing Address

1600 S. DIXIE HWY

SAMW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

City & State

City & State

BOCA RATON, FL. 33432

Zip

Country

Zip

Country

33432

USA

DO NOT WRITE IN THIS SPACE

65-0978543

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

GEROW, JEFFREY S
4800 N FEDERAL HIGHWAY
SUITE 307B
BOCA RATON FL 33431

Name

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D+T
PASSANISI, MARY T
23385 BARWOOD LN S., #1203
BOCA RATON FL 33428

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PASSANISI, DOMINIC A.
1600 S. DIXIE HWY., STE 504
BOCA RATON FL. 33432

☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

4/20/00

Date

561-395-2454

Daytime Phone #

CR2E034 (9/99)