

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000025445

Entity Name

PRIME CONSULTANTS INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

02-22-2000 90033 049 \*\*\*150.00

Principal Place of Business	Mailing Address
BISCAYNE BOULEVARD 203 MIAMI FL 33181	12700 BISCAYNE BOULEVARD SUITE 203 NORTH MIAMI FL 33181-2024



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0922520		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

SORVILL, CARMEN  
12700 BISCAYNE BOULEVARD  
SUITE 203  
NORTH MIAMI FL 33181

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

## OFFICERS AND DIRECTORS

ADDRESS ST-ZIP	CARMEN SORVILL President 12700 BISCAYNE BLVD #200 N. MIAMI FL 33181	<input type="checkbox"/> Delete
ADDRESS ST-ZIP	VICE PRES. LUIS E. LINAMES 12700 BISCAYNE BLVD. #203 N. MIAMI FL 33181	<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

I 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 furnished 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:

*CARMEN SORVILL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 (954) 3499416  
Date Daytime Phone #