

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 27, 2000 8:00 am
Secretary of State

02-22-2000 90033 049 ***150.00

DOCUMENT # **P99000025445**

Entity Name
PRIME CONSULTANTS INC.

Principal Place of Business BISCAYNE BOULEVARD 203 MIAMI FL 33181	Mailing Address 12700 BISCAYNE BOULEVARD SUITE 203 NORTH MIAMI FL 33181-2024
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0922520	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<input type="checkbox"/> Delete CARMEN SORVILL President 12700 BISCAYNE BLVD #200 N. MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete VICE PRES. LUIS E. LINAMES 12700 BISCAYNE BLVD. # 203 N. MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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 contained 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 #