2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000066861 1. Entity Name PRIMO GROUP LIMITED, INC. 05-02-2001 90123 045 ***150.00 Principal Place of Business Mailing Address 3042 N FEDERAL HWY 3042 N FEDERAL HWY FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0936585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PTITO, FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 3042 N. FEDERAL HWY #200 FORT LAUDERDALE FL 33-3069 pits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e var Kliv -23-200 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete PTito, Franklin 7 ☐ Addition TITLE PTITO, FRANKLIN M NAME NAME 701 SE LUN CT 3042 N. FEDERAL HWY #200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP Ø **Change** ☐ Addition ☐ Delete TITLE TITLE out Tou, Oliviers TOUITOU, OLIVER S NAME NAME 3042 N. FEDERAL HWY #200 STREET ADDRESS SE Z STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP STD Change ☐ Addition TITLE -- Delete TITLE . LOLLOUCHE, MARC NAME ellouche Mond NAME STREET ADDRESS 3042 N. FEDERAL HWT #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 wit withall other like empowered. SIGNATURE: