

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093650

1. Entity Name
PRIME MED, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90147 016 ***150.00

Principal Place of Business
**318 INDIAN TRACE #173
WESTON FL 33326**

Mailing Address

**318 INDIAN TRACE #173
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

681 Spinnaker

Suite, Apt. #, etc.

City & State
Weston FL

City & State

Zip
33326

Country
USA

Zip

Country

4. FEI Number **65-0967746**

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

**HOLT, UTE V
318 INDIAN TRACE #173
WESTON FL 33326-2946**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST			
	HOLT, UTE VAN			
	681 SPINNAKER			
	WESTON FL 33326-2946			

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

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:

Ute van Holt

Date

Daytime Phone #

01/18/01 (954) 384 7646

CR2E034 (10/00)