

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-19-2000 90072 013 ***150.00

DOCUMENT # P99000099411

1. Entity Name

PRIMEVAL CREATIONS, INC.

Principal Place of Business

2120 S.W. 36TH AVE
FT LAUDERDALE FL 33312

Mailing Address

2120 S.W. 36TH AVE
FT LAUDERDALE FL 33312-4276

2. Principal Place of Business

2120 SW 36th Ave

Suite, Apt. #, etc.

3. Mailing Address

2120 SW 36th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale FL

Zip 33312

Country USA

City & State

FT. Lauderdale FL

Zip 33312-4276

Country USA

4. FEI Number

267-65-7560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEDDLE, RODERICK
10918 WILES ROAD
CORAL SPRINGS FL 33078

7. Name and Address of New Registered Agent

Name Glenn McClure
Street Address (P.O. Box Number is Not Acceptable)
2120 SW 36th Ave

City FT. Lauderdale

FL

Zip Code 33312

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 *Glenn McClure*

Glenn McClure

DATE

4/28/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Glenn McClure			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	//	//		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	//	//		
TITLE	NAME	STREET ADDRESS	CITY-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
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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
	//	//		

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)