

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90099 003 \*\*\*158.75

**DOCUMENT # V04959**

1. Entity Name

**PRIME PROPERTIES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

363 GRANELLO AVENUE  
 CORAL GALBES FL 33146

363 GRANELLO AVENUE  
 CORAL GALBES FL 33146-1806

00011230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7700 Red Road

3. Mailing Address

7700 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Miami, Florida

City & State

South Miami, Florida

4. FEI Number

65-0302840

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33143

Country

US

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

**WEIDER, NORMAN S**  
**100 S.E. 2ND STREET**  
**SUITE 3910**  
**MIAMI FL 33131**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PDS</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>JOHANSSON, STEFAN</b>     |                                 |
| STREET ADDRESS | <b>363 ARNELLO AVENUE</b>    |                                 |
| CITY-ST-ZIP    | <b>CORAL GALBES FL 33146</b> |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                                   |   |
|----------------|-----------------------------------|---|
| TITLE          |                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           |                                   |   |
| STREET ADDRESS | <b>7700 RED ROAD</b>              |   |
| CITY-ST-ZIP    | <b>SOUTH MIAMI, FLORIDA 33143</b> |   |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           |                                   |   |
| STREET ADDRESS |                                   |   |
| CITY-ST-ZIP    |                                   |   |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           |                                   |   |
| STREET ADDRESS |                                   |   |
| CITY-ST-ZIP    |                                   |   |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           |                                   |   |
| STREET ADDRESS |                                   |   |
| CITY-ST-ZIP    |                                   |   |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           |                                   |   |
| STREET ADDRESS |                                   |   |
| CITY-ST-ZIP    |                                   |   |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Stefan Johansson* 01.24.00 (305) 569-0594