

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5.

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

05-05-2000 90084 019 \*\*\*150.00

**DOCUMENT # V08489**

1. Entity Name

**P.R.I.M.E. OF SOUTH FLORIDA INC.**

Principal Place of Business

Mailing Address

8348-B SR 84  
 DAVIE FL 33324  
 US

8348-B SR 84  
 DAVIE FL 33324  
 US

2. Principal Place of Business

3. Mailing Address

3045 N. FEDERAL HWY

P.O. BOX 11179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BIDG # 46

4th

City & State

City & State

FORT LAUDERDALE, FL

Ft LAUD, Fla

Zip 33308

Country USA

Zip 33324

Country FLA

4. FEI Number

65-0294207

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

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	PD	<input type="checkbox"/> Delete
NAME	DABACH, ELAINE	
STREET ADDRESS	8348-B SR 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DABACH, ERIK	
STREET ADDRESS	8348-B SR 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DABACH, DOVI	
STREET ADDRESS	8348-B SR 84	
CITY-ST-ZIP	DAVIE FL 33324	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 IS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/00

(ASU) 4764025