

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000562**

1. Entity Name

**PREMIER CONSULTING INTERNATIONAL, LIMITED PARTNE**

**FILED** *LR 3/22*  
**00 MAR 22 AM 8:42**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business <b>2600 DOUGLAS RD., 10TH FL. SUITE 1003 CORAL GABLES FL 33134</b>	Mailing Address <b>2600 DOUGLAS RD., 10TH FL. SUITE 1003 CORAL GABLES FL 33134-6143</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2600 Douglas Rd. 10<sup>th</sup> FL Suite, Apt. #, etc. Suite 1000 City &amp; State Coral Gables FL Zip 33134 Country USA</b>	3. Mailing Address <b>2600 Douglas Rd. 10<sup>th</sup> FL Suite, Apt. #, etc. Suite 1000 City &amp; State Coral Gables FL Zip FL 33145 Country USA</b>
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4. FEI Number <b>65-0405010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VENTURE MANAGEMENT SERVICES, INC.  
5700 S.W. 50TH TERRACE  
MIAMI FL 33155**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$33,475.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$63,700.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P93000033690</b>	NAME <b>VENTURE MANAGEMENT SERVICES, INC.</b>	STREET ADDRESS	<b>FF \$526.25</b>
STREET ADDRESS <b>5700 S.W. 50TH TERRACE</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>	CITY - ST - ZIP	<b>800003149978--5</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-03/24/00--01122--015</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>****150.67 ****150.67</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>800003149978--5</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>-02/28/00--01132--008</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>****587.16 ****375.58</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2/14/00* *305 567-3188*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)

15017