

2001 UNIFORM BUSINESS REPORT (UBR)

0004383 AF

DOCUMENT # A94000000562

1. Entity Name

PREMIER CONSULTING INTERNATIONAL, LIMITED PARTNE

Principal Place of Business

2600 DOUGLAS RD., 10TH FL. SUITE 1000
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD., 10TH FL. SUITE 1000
CORAL GABLES FL 33134

FILED
01 APR 20 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0405010

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. Capital Contributions as Shown on record.

\$63,700.00

10. Amount of Capital Contributions in FLORIDA to date.

63,700

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # **P93000033690**
NAME **VENTURE MANAGEMENT SERVICES, INC.**
STREET ADDRESS **5700 S.W. 50TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33155**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/01
Date

305-567-3180
Daytime Phone #

CR2E003 (11/00)