

2002 UNIFORM BUSINESS REPORT (UBR)

0001557 AV

DOCUMENT # **A94000000562**

1. Entity Name

**PREMIER CONSULTING INTERNATIONAL, LIMITED PARTNE
RSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -7 PM 12: 50

Handwritten initials and date: U/S/23

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
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0405010	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000033690 VENTURE MANAGEMENT SERVICES, INC. 5700 S.W. 50TH TERRACE MIAMI FL 33155	STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	300005638683-9
DOCUMENT #		STREET ADDRESS	-05/30/02--01007--004
DOCUMENT #		STREET ADDRESS	****446.25 ****446.25
DOCUMENT #		STREET ADDRESS	300005638683-9
DOCUMENT #		STREET ADDRESS	-05/30/02--01007--005
DOCUMENT #		STREET ADDRESS	****99.75 ****88.75
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	

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** **4/12/02** **305-567-3188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE