

05/12/2003 11:39 7863317788

PREMIER SUPPLY

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90310 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **G61728**

1. Entity Name
PREMIER SUPPLY, INC.



55041470



Principal Place of Business 1841 BROADWAY ROOM 808 NEW YORK NY 10023 US	Mailing Address 1841 BROADWAY ROOM 808 NEW YORK NY 10023 US
2. Principal Place of Business 7220 NW 36 street Suite, Apt. #, etc. 307-A City & State Miami Florida Zip 33166 Country USA	2. Mailing Address 7220 NW 36 street Suite, Apt. #, etc. 307-A City & State Miami Florida Zip 33166 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3425222	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRELL, MURRAY 5550 N OCEAN DR WEST PALM BEACH FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Murray Morrell* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	MORRELL, MURRAY STREET ADDRESS 45 W 60TH ST. CITY-ST-ZIP NEW YORK NY 10023	☐ Change ☐ Addition	
☐ Delete	VP DE STANZOLA, SEIDA A STREET ADDRESS APARTADO 413 CITY-ST-ZIP NEW YORK NY 10023	☐ Change ☐ Addition	
☐ Delete	VP STANZOLA, TOMAS STREET ADDRESS APARTADO 413 CITY-ST-ZIP NEW YORK NY 10023	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 809, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray Morrell **President**
Date

SIGNATURE: