

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90217 049 \*\*\*150.00

**DOCUMENT # P01000005297**

1. Entity Name  
**PREMIER PARKING MANAGEMENT, INC.**



Principal Place of Business  
**100 S BISCAYNE BLVD  
MIAMI FL 33131**

Mailing Address  
**100 S BISCAYNE BLVD  
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-1073424</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|  |  |  |  |  |  |  |  |           |          |
|--|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent              |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>MOORE, GERALD W<br/>333 NE 23RD ST<br/>MIAMI FL 33137</b> |  |  |  | Name   |  |  |  |           |          |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|  |  |  |  | City   |  |  |  | <b>FL</b> | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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                      | <b>D</b>                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BLEEMER, GARY</b>        |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>8381 BAY ROAD</b>        |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33141</b> |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |  |   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |  |   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |  |   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |  |   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Gary Bleemer* **REQUIRED** Gary Bleemer Date: 3/25/03 Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)