

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008561

1. Entity Name
PREMIER PRINTING SOLUTIONS, INC.

Principal Place of Business
1800 NORTHWEST 168TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address
1800 NORTHWEST 168TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0892621

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

1/1/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME ROTHENBERG, STEPHEN F
STREET ADDRESS 1800 NORTHWEST 168TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028 33028

TITLE VICE PRESIDENT ☐ Delete
NAME JENNIFER OWELL
STREET ADDRESS 3026 NORTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FLORIDA 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen F. Rothberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/02 305-480-0244
Date Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90028 002 ***150.00



DO NOT WRITE IN THIS SPACE

11/00000 AV

CR2E034 (9/01)