

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686010

1. Entity Name

PREMIERE PROPERTIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90159 036 \*\*\*150.00

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD  
STE 1032  
N MIAMI BCH FL 33181

~~4942 LE JEUNE ROAD~~  
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

3. Mailing Address

13899 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

STE 102

City & State

City & State

N. MIAMI BCH

Zip

Country

Zip

Country

33181

4. FEI Number

59-2025220

Applied For

Not Applicable

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

WOLFSON, BERNARD  
2655 LE JEUNE ROAD  
PENHOUSE #1-D  
CORAL GABLES FL 33134

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. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	JOHNSON, ROLF	13899 BISCAYNE BLVD N MIAMI BCH FL 33181				
	D	JOHNSON, MARIA V	4944 LEJEUNE RD. CORAL GABLES FL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)