

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 002 ***150.00

DOCUMENT # F97000001315

1. Entity Name
PREMIER SPORTS & ENTERTAINMENT, INC.



Principal Place of Business
**1401 UNIVERSITY
#602
CORAL SPRINGS FL 33071**

Mailing Address
**1401 UNIVERSITY
#602
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

**1025 W. Sample Rd.
Suite 210**

**1025 W. Sample Rd.
Suite 210**

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs

City & State
Coral Springs

4. FEI Number **65-0731963**

Applied For
Not Applicable

Zip **33065** Country **USA**
Broward

Zip **33065** Country **USA**
Broward

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

**WEISMAN, ELIOT
1401 UNIVERSITY #602
CORAL SPRINGS FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 **DCPT** ☐ Delete
NAME **WEISMAN, ELIOT**
STREET ADDRESS **1401 UNIVERSITY #602**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **VS** ☐ Delete
NAME **WEISMAN, ROY**
STREET ADDRESS **1401 UNIVERSITY #602**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **V** ☐ Delete
NAME **CHENKIN, LONNIE**
STREET ADDRESS **1401 UNIVERSITY #602**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (954) 755-1700
Date Daytime Phone #

CR2E034 (10/02)