

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G61728**

1. Entity Name

*Premier Supply, Inc.*

**FILED**

00 JUL 12 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1841 Broadway New York, NY 10023

2. Principal Place of Business

3. Mailing Address

1841 Broadway  
Suite, Apt. #, etc.

1841 Broadway  
Suite, Apt. #, etc.  
606

DO NOT WRITE IN THIS SPACE

*ac 7/14*

City & State  
New York

City & State  
New York

4. FEI Number  
133-425-222

Applied For  
Not Applicable

Zip  
10023

Country  
USA

Zip  
10023

Country

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

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  Delete  
NAME *President*  
STREET ADDRESS *MURRAY MORRELL*  
CITY-ST-ZIP *45 W 60 ST*  
*NEW YORK NY 10023*

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME *Vice President*  
STREET ADDRESS *Tomas STANZIOLA*  
CITY-ST-ZIP *Alvarado 413*  
*DAVID PANAMA*

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME *Vice President Sec*  
STREET ADDRESS *Seida A de STANZIOLA*  
CITY-ST-ZIP *Alvarado 413*  
*DAVID PANAMA*

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Murray Morrell* MURRAY MORRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2000 212 459 1777

Date

Daytime Phone #

CR2E034 (9/99)

# Premier Supply, Inc.

1841 Broadway, Suite 606  
New York, NY 10023

Tel.: (212)459-1777

Fax: (212)459-1271

Email: presupp@concentric.net

JULY 3 2000

ANNA CHESTNUT  
PERSONAL AND CONFIDENTIAL  
DEPARTMENT OF STATE  
CORPORATE RECORDS  
PO BOX 6327

FILED  
00 JUL 12 PM 14:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

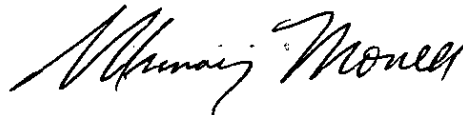
DEAR MS CHESTNUT:

THANK YOU FOR THE ATTACHED FORM. PAYMENT WAS OVERLOOKED  
BECAUSE WE DID NOT RECEIVE IT FOR TIMELY PAYMENT.

ENCLOSED IS A CHECK FOR THE ANNUAL FEE. WE HAVE ALWAYS FILED BEFORE  
AND PAID ON TIME. IN VIEW OF THESE EXTENUATING CIRCUMSTANCES, WE ASK YOU  
TO PLEASE ACCEPT OUR CHECK IN FULL PAYMENT OF OUR OBLIGATION.

YOUR COOPERATION IS VERY GREATLY APPRECIATED.

VERY TRULY YOURS,



MURRAY MORRELL, PRES.  
PREMIER SUPPLY, INC.