

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

G61728

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

1841 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York

City & State

New York

Zip

10023

Country

USA

Zip

10023

Country

4. FEI Number

133-425-222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

ac 7/14

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

TITLE: President
NAME: MURRAY MORRELL
STREET ADDRESS: 45 W 60 ST
CITY-ST-ZIP: New York NY 10023

TITLE: Vice President
NAME: Tomas STANZIOLA
STREET ADDRESS: ALPARGATO 413
CITY-ST-ZIP: DAVID, PANAMA

TITLE: Vice President
NAME: Seida A de STANZIOLA
STREET ADDRESS: ALPARGATO 413
CITY-ST-ZIP: DAVID, PANAMA

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/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
JUL 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

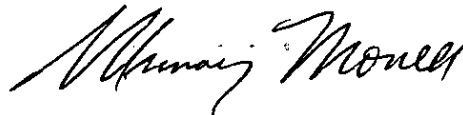
DEAR MS CHESTNUT:

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.