

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47295

1. Entity Name

PREMIERE POINT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90860 033 ***150.00

Principal Place of Business

Mailing Address

135 VARSITY CIR
ALTAMONTE SPRINGS FL 32714
US

135 VARSITY CIR
ALTAMONTE SPRINGS FL 32714-2836
US

2. Principal Place of Business

3. Mailing Address

920 Paddington Terrace
Suite, Apt. #, etc.

920 Paddington Terrace
Suite, Apt. #, etc.

City & State
Lake Mary, FL

City & State
Lake Mary, FL

Zip
32746

Country
Seminole

Zip
32746

Country
Seminole

4. FEI Number
59-2751574

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

SHAHZRZAD SHAMSAAE
135 VARSITY CIR
ALTAMONTE SPRINGS FL 32714

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	PST	<input type="checkbox"/> Delete
NAME	AL FAHIM, MOHAMMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL FAHIM, MOHAMMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL FAHIM, ABBAS A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL FAHIM, AHMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	ATTY	<input type="checkbox"/> Delete
NAME	SHAMSAAE, SHAHRZAD	
STREET ADDRESS	225 S. WESTMONTE DR. SUITE 2020	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shahrzad Shamsaei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000 (407) 829-7964
Date Daytime Phone #

CR2E034 (9/99)