

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90061 022 ****50.00

DOCUMENT # L00000004131

1. Entity Name

PREMIER DEVELOPERS I, L.L.C.

Principal Place of Business

Mailing Address

**3201 W. GRIFFIN ROAD
 SUITE 106
 DANIA BEACH FL 33312**

**3201 W. GRIFFIN ROAD
 SUITE 106
 DANIA BEACH FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0999759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAR, DAVID
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES FL 33134**

Name **Deckelbaum, Gordon**
 Street Address (P.O. Box Number is Not Acceptable)
3201 W Griffin Rd.

#106

City

DANIA BEACH

FL

Zip Code

33312

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)

9/3/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **DECKELBAUM, GORDON**
 STREET ADDRESS **3201 W. GRIFFIN ROAD**
 CITY-ST-ZIP **DANIA BEACH FL 33312**

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

TITLE **MGR** ☐ Delete
 NAME **REMPNER, MIKE**
 STREET ADDRESS **3201 W. GRIFFIN ROAD**
 CITY-ST-ZIP **DANIA BEACH FL 33312**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/3/02
 Date

954-965-3636
 Daytime Phone #

CR2E083 (4/02)