

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-11-2002 90061 026 ****50.00

DOCUMENT # L00000004134

1. Entity Name

PREMIER DEVELOPERS ASSOCIATES, L.L.C.

Principal Place of Business

Mailing Address

**3201 W. GRIFFIN ROAD
 SUITE 106
 DANIA BEACH FL 33134**

**3201 W. GRIFFIN ROAD
 SUITE 106
 DANIA BEACH FL 33134**

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 **65-0999764**

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 **BECKELBAUM, 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 

(NOTE: Registered Agent signature required when reinstating)

DATE **9/3/02**

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 **BECKELBAUM, GORDON**
 STREET ADDRESS **3201 W. GRIFFIN RD. #106**
 CITY-ST-ZIP **DANIA BEACH FL 33134**

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

TITLE **MGR** ☐ Delete
 NAME **KEMPNER, MIKE**
 STREET ADDRESS **3201 W. GRIFFIN RD. #106**
 CITY-ST-ZIP **DANIA BEACH FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

GORDON BECKELBAUM

DATE **9/3/02**

DAYTIME PHONE # **954-965-3636**

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

CR2E083 (4/02)