

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 043 \*\*\*\*50.00

**DOCUMENT # L01000020376**

1. Entity Name

**PREMIER REAL ESTATES LLC**

Principal Place of Business

~~4989 PELICAN STREET~~  
~~COCONUT CREEK FL 33073~~  
~~US~~

Mailing Address

~~4989 PELICAN STREET~~  
~~COCONUT CREEK FL 33073~~  
~~US~~

2. Principal Place of Business

**3840 SW 30th Ave**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft Lauderdale FL**

City & State

**Ft Lauderdale FL**

Zip

**33312**

Country

Zip

Country

4. FEI Number

**60-0001308**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUFER, SASCHA**  
**4989 PELICAN STREET**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

**Hufer Sascha**

Street Address (P.O. Box Number is Not Acceptable)

~~3840 SW 30th Ave~~

**3840 SW 30th Ave**

City

**FL Lauderdale**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Sascha Hufer**

(NOTE: Registered Agent signature required when reinstating)

**4/4/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HUFER, SASCHA M**  
STREET ADDRESS **4989 PELICAN STREET**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **MGR** ☐ Delete  
NAME **Hufer Sascha**  
STREET ADDRESS **3840 SW 30th Ave**  
CITY-ST-ZIP **Ft Lauderdale FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

**SIGNATURE REQUIRED**

**Sascha Hufer**

**04/04/02**

**954 2276666**

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

Date

Daytime Phone #

CR2E083 (9/01)