

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005190

1. Entity Name
PREMIER CAPITAL FINANCE, LLC

Principal Place of Business
99 N.W. 183RD STREET, SUITE 126
MIAMI FL 33169

Mailing Address
99 N.W. 183RD STREET, SUITE 126
MIAMI FL 33169

FILED

2001 JUN -7 AM 10:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1005955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARY ST. C. ALJOE
99 N.W. 183RD STREET, SUITE 126
MIAMI FL 33169

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ALJOE, OWEN H ☐ Delete
STREET ADDRESS 1511 S.W. 106TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE NAME MGRM GARY ST. C. ALJOE ☐ Delete
STREET ADDRESS 1511 S.W. 106TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600004367176--1
CITY-ST-ZIP -06/06/01--01033--001
*****50.00 *****50.00

TITLE NAME MGRM EVANS, AUDLEY ☒ Delete
STREET ADDRESS 6104 RAIN HOLLOW COURT
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Gary St. C. Aljoe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.30.2001 (305) 652-1111
Date Daytime Phone #