FILED Jun 04, 2004 8:00 am Secretary of State 05-03-2004 91055 020 ****61.25

5/3/2

DOCUMENT # N0300004252 1. Entity Name PREMIER BASKETBALL ASSOCIATION, INC.									11047.1	.unii		
Principal Place of Business Malling Address 7770 NW 160 TERRACE 7770 NW 160 TERRACE MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33010						-		I I SERVER THE BEST			(dNE) & ross	
Principal Place of Business 3. Mailing Address									7			
Suite, Apt. #, etc.			Su			04232004 C	hg-NP C	R2E037 (10/03)				
City & State			City & State					4. FEI Nymber	237 9339	——————————————————————————————————————	pplied For ot Applicable	
Zip	Country		Zip		Co.	Country		5. Certificate of S		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent								7. Name and Ad	dress of New Regis	tered Agent		
PEREZ, JOEL 7770 NW 160 TERRACE							Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI LAKES, FL 33016						City				Zip Co	76	
*	<u> 500</u>					<u> </u>				FL		
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 SIGNATU												
Filling Fee Is \$81.25 9. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees Florida Department												
10.	· ·	OFFICERS AND D	RECTORS		11.		-	ADDITIONS/CHANG	SES TO OFFICERS A	ND DIRECTORS I	N 10	
TITLE	P0 🗆				IΠL	E				Change	Addition	
NAME . STREET ADDRESS	PEREZ, JOEL MARSS 7770 NW 160 TERRACE					E ET ADDRESS					}	
CITY-ST-ZIP	MIAMI LAKES, FL 33016				CITY	-ST-ZIP						
TIFLE	SD		Delete	fΠL					Change	Addition		
NAME STREET ADDRESS	PEREZ, N	MELISSA 160 TERRAÇE		NA CTS								
CITY-ST-ZIP	•	KES, FL 33016	a •			EET ADOMESS '-ST-ZIP	[1	
TITLE	TD Delete					£				Change	Addition	
NAME	PEREZ, PRISCILLA					E	Ţ				ļ	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS 1-ST-ZIP	ł				}	
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ITILE	 -			☐ Deleta	TITL					☐ Change	☐ Addition	
NAME					NA)		1				J	
STREET ADDRESS	{ }					EET ADORESS Y-ST-ZIP					1	
CITY-ST-ZIP	andhima f	an information as a client set	th this same	Abos on anality for			ted :- e	tection 110 07/01/11	Poride Statutes 15 m	her certify that the	information	
12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.												
SIGNATURE: V JOH () VC 4/20/04 V786-402-9739												

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT