

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/03

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90393 044 ***150.00

DOCUMENT # P00000013670			
1. Entity Name PREMIER MARKETING INTERNATIONAL INC.			
Principal Place of Business 10570 MAPLE CHASE DRIVE BOCA RATON FL 33498		Mailing Address 10570 MAPLE CHASE DRIVE BOCA RATON FL 33498	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0981149		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIFKIN, REBECA 10570 MAPLE CHASE DRIVE BOCA RATON FL 33498		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 5/1/03 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME RIFKIN, REBECA <input type="checkbox"/> Delete STREET ADDRESS 10570 MAPLE CHASE DR. CITY-ST-ZIP BOCA RATON FL 33498	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
12. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:		SIGNATURE REQUIRED DATE: 5/24/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034 (10/02)