

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000091533**

1. Entity Name

PREMIER AUTO GROUP, INC.**FILED**
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90075 027 ***150.00

Principal Place of Business

**6657 NW 49 STREET
CORAL SPRINGS FL 33067**

Mailing Address

**6657 NW 49 STREET
CORAL SPRINGS FL 33067**

2. Principal Place of Business

3. Mailing Address

5374 Lyons Rd

Suite, Apt. #, etc.

#152

Suite, Apt. #, etc.

City & State

City & State

Coconut Creek, FL

Zip

Country

Zip

Country

33073**Broward**

4. FEI Number

65 1044485

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRUSI, LOUIS
6657 NW 49 STREET
CORAL SPRINGS FL 33067**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD FERRUSI, LOUIS 6657 NW 49 STREET CORAL SPRINGS FL 33067			
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

01337