

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90052 038 \*\*\*150.00

0616188  
 AT

**DOCUMENT # P00000094491**

1. Entity Name

**PREMIER ACCESSORIES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**940 W. 19TH STREET  
 HIALEAH FL 33010  
 US**

**PO BOX 631  
 SAN FERNANDO CA 91341  
 US**

2. Principal Place of Business

3. Mailing Address

**700 SO ROYAL POINCIANA BL. PO BOX 631**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1020**

**#**

City & State

City & State

**MIAMI SPRINGS, FL**

**SAN FERNANDO CA**

Zip

Country

Zip

Country

**33166**

**USA**

**91341**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENNEY, ROBERT E  
 901 PONCE DE LEON BLVD., #1000  
 10TH FLOOR  
 CORAL GABLES FL 33134**

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, 2002 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **FREED, DOUGLAS W**  
 CITY-ST-ZIP **940 W. 19TH STREET  
 HIALEAH FL 33010**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1633 WASHINGTON BVD**  
 CITY-ST-ZIP **MONTEBELLO CA 90640**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/2002**  
 Date

Daytime Phone #

CR2E034 (9/01)