

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91228 032 ***150.00

DOCUMENT # P01000013755

1. Entity Name
PREMIER BENEFITS CONSULTANTS, INC.

Principal Place of Business

**19435 LENAIRE DR
 MIAMI FL 33157**

Mailing Address

**19435 LENAIRE DR
 MIAMI FL 33157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19435 Lenaire Drive
 Suite, Apt. #, etc.

3. Mailing Address

5434 NW 48TH STREET
 Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

COCONUT CREEK FL

4. FEI Number

65-1074133

Applied For

Not Applicable

Zip

33057

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAX MANAGEMENT CORP
 C/O ANTHONY V. SALERNO
 9016 VILLA PORTOFINO CIRCLE
 BOCA RATON FL 33496**

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.

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

TITLE **D** ☐ Delete
 NAME **CHIN-QUEE, DENNIS R**
 STREET ADDRESS **19435 LENAIRE DR**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
 NAME **CHIN-QUEE, ALICIA M**
 STREET ADDRESS **19435 LENAIRE DR**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 of Anthony V. Salerno
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2002

Date

Daytime Phone #

(954) 428-1155

CR2E034 (9/01)