

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000013755

1. Entity Name

PREMIER BENEFITS CONSULTANTS, INC.

FILED

02 JUL 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9016 Villa Portofino Cir.

Suite, Apt. #, etc.

3. Mailing Address

9016 Villa Portofino Cir.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. FEI Number

65-1074133

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Tax Management Corp. / C/O

Street Address (P.O. Box Number is Not Acceptable)

9016 Villa Portofino Circle

Anthony
Salerno

City

Boca Raton

FL

Zip Code

33496

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.

ANTHONY V. SALERNO -- TAX MANAGEMENT CORP.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO - President - Treasurer Anthony V. Salerno 9016 Villa Portofino Circle Boca Raton, FL 33496 100% STOCK OWNERSHIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis R. Chiu-Ollerin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO-Pres

Date

7/15/02

Daytime Phone #

(954) 695-7323