

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041274

1. Entity Name
PREMIER CREDIT REPAIR SERVICE INC.

Principal Place of Business
220 SW 47 AVE
MIAMI FL 33134

Mailing Address
220 SW 47 AVE
MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
new address
376 NW 59 CT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
33126

FEI Number
65-1097578

Applied For
Not Applicable

Zip
Country

Zip
Country
33126 USA

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

6. Name and Address of Current Registered Agent

DELIA, LAGO C
220 SW 47 AVE
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: DELIA C. LAGO
Street Address (P.O. Box Number is Not Acceptable): 376 NW 59 CT
City: Miami FL Zip Code: 33126

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 *Delia Lago*

DATE 9/5/02

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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		<input type="checkbox"/> Delete
NAME	LAGO, DELIA C	
STREET ADDRESS	220 SW 47 AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600008426456
10/17/02--01053--017 **150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*

DATE 9/5/02

CR2E034 (4/02)