2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

SIGNATURE:

P01000091419

1. Entity Name
PREMIER INVESTMENT ENTERPRISES, INC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91880 001 *1,200.00

Direction 4/15/03 305-975-901

PREMIER	I INVESTMENT ENTERPRIS	ES, INC.			
Principal Plac C/O/ NICOLE 3001 SW 3RD MIAMI FL 331	e J. Huesmann. P.A. Dave	Mailing Address C/O/ NICOLE J. HU 3001 SW 3RD AVE MIAMI FL 33129	ESMANN, P.A.		
•	lace of Business	3. Mailing Address C	o Nicole J. Huesman	† (i., P.A.	11
	lhambra Circle	150 Alham	<u>bra Circle</u>	1	
Suite, Apt. Suite		Suite, Apt. #, etc. Suite 115	o .	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	<u> </u>	4. FEI Number of 445050 Applied For	7
•	Gables, Florida		les, Florida	65-1152353 Not Applicab	ole
Zip 33134	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired See Required	- {
	6. Name and Address of Current I			7. Name and Address of New Registered Agent	\dashv
			Name		刁
HUESMAI	NN, NICOLE J			P.O. Box Number is Not Acceptable)	-4
3001 SW	3RD AVE		150	Alhambra Circle	
Miami Fl	33129.		Sui	te 1150	
			City	ral Gables FL Zip Code 33134	
8. The above	named entity submits this statement for	r the purpose of changin		red agent, or both, in the State of Florida. I am familiar with, and accept	pt
	ions of registered agent.	-	1/" / -		
SIGNATURE.	Signature, troad or purited name of positional agent a	and title if applicable.	(NOTE: Registered Agent signature required	Hesman 4/15/03 swhen reinstating) DATE	ļ
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	,
Make Check	Payable to Florida Department of	State			
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	,
TITLE NAME	D TSENG, MEINA	☐ Delete	TITLE D	∑ Change ☐ Addition	on
STREET ADDRESS	3001 SW 3RD AVE 3901	× ,		seng, Mei Na 50 Alhambra Circle, Suite 1150	
CITY-ST-ZIP	MIAMI BEACH FL 33139			oral Gables, Florida 33134	
TITLE		☐ Delete	TITLE .	☐ Change ☐ Addition	on
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	on
NAME			NAME	- . -	1
STREET ADDRESS	,.		STREET ADDRESS		Ì
CITY-ST-ZIP			CITY-ST-ZIP		_
12. I hereby of indicated of the cor	certify that the information supplied with	this filles described audit	والأرامية المرمون والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	ection 119.07(3)(i), Florida Statutes. I further certify that the information	