

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120867

1. Entity Name

PREMIERE AUTOTECHNIKS INC.

Principal Place of Business

8610 N SHERMAN CIRCLE
506
MIRAMAR FL 33025

Mailing Address

8610 N SHERMAN CIRCLE
506
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0004408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, KARL A
8610 N SHERMAN CIRCLE
506
MIRAMAR FL 33025

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

K. Allen
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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: KARL ALLEN
STREET ADDRESS: 8610 N. SHERMAN CIRCLE # 506
CITY-ST-ZIP: MIRAMAR FL 33025

☐ Delete

TITLE: VICE PRESIDENT
NAME: NIGEL REDWOOD
STREET ADDRESS: 8610 N. SHERMAN CIRCLE # 507
CITY-ST-ZIP: MIRAMAR FL 33025

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
Date

84-438-7097
Daytime Phone

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90371 026 ***150.00

34500

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)