

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90407 024 ***150.00

DOCUMENT # P02000001146

1. Entity Name
PREMIER TRADING, INC.



Principal Place of Business
**448 GOLDEN BEACH DR
GOLDEN BEACH FL 33160**

Mailing Address
**448 GOLDEN BEACH DR
GOLDEN BEACH FL 33160**

55043954



2. Principal Place of Business
448 GOLDEN BEACH DR.
Suite, Apt. #, etc.

3. Mailing Address
448 GOLDEN BEACH DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GOLDEN BEACH, FL
Zip
33160 Country
USA

City & State
GOLDEN BEACH, FL
Zip
33160 Country
USA

4. FEI Number ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LAW OFFICES OF SALLY N. SAWH, P.A.**
Signature, typed or printed name of registered agent and title if applicable.

4/30/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete
**PRESIDENT
GABE DICKSTEIN
448 GOLDEN BEACH DR.
GOLDEN BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete
**VICE PRESIDENT
KEN CKEKALA
1360 UNION HILL RD., #10-F
ALPHARETTA GA 30004**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE KEN CKEKALA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

355-932-6862
Daytime Phone #

CR2E034 (10/02)