

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91010 030 ***158.75

DOCUMENT # P02000025178 1. Entity Name PREMIER ATMS, INC.																																			
Principal Place of Business 7601 E TREASURE DR, STE 715 N BAY VILLAGE, FL 33141			Mailing Address 7601 E TREASURE DR, STE 715 N BAY VILLAGE, FL 33141																																
2. Principal Place of Business 3210 NW 88 AVE		3. Mailing Address (SAME)																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State SUNRISE - FLORIDA			City & State																																
Zip 33351		Country U.S.A.		4. FEI Number 33-0995162																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ESPAILLAT, MIGUEL 7601 E TREASURE DR, STE 715 N BAY VILLAGE, FL 33141			7. Name and Address of New Registered Agent Name JHAIR J. ROMERO Street Address (P.O. Box Number is Not Acceptable) 7387 W 30 COURT City HIALEAH FL Zip Code 33018																																
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 4-28-2003 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>ESPAILLAT, MIGUEL</td> <td>7601 E TREASURE DR, STE 715</td> <td></td> </tr> <tr> <td></td> <td></td> <td>N BAY VILLAGE, FL 33141</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PRESIDENT</td> <td>ESPAILLAT, MIGUEL</td> <td>3210 NW 88 AVE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>SUNRISE - FL 33351</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P	ESPAILLAT, MIGUEL	7601 E TREASURE DR, STE 715				N BAY VILLAGE, FL 33141			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		PRESIDENT	ESPAILLAT, MIGUEL	3210 NW 88 AVE				SUNRISE - FL 33351		
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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: 4-28-2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			

CR2E034 (10/02)