## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 900

2100 PARK CENTRAL BLVD., N.

POMPANO BEACH FL 33064

## DOCUMENT # P93000009262

1. Entity Name

SUITE 900

Principal Place of Business

POMPANO BEACH FL 33064

2100 PARK CENTRAL BLVD.. N

PREMIER ASSET MANAGEMENT, INC.



## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90322 040 \*\*\*150.00

T TO DEFEND THE ORDER THE REAL PROPERTY AND A REAL SERVE AND A REAL PROPERTY AND A REAL PROPERTY.

US		US						<u> </u>		
2. Principal Place of Business		3. Mailing /	3. Mailing Address			) ( <b>30</b> 11 <b>05</b> 1 (6 <b>2</b> 1060 ) (1115 <b>60</b> 14 <b>10</b> 14) <b>(</b> 0	411 <b>0 1</b> 141 <b>0 0</b> 11	IB 18110 11818 1	11111 1101 1001	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & St	City & State			4. FEI Number 65-0388109 Applie				
Zip	Zip Country		Zip		5. (	. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Ag	jent		7, 1	Name and Address of New Regi	stered Aç	jent		
				Name						
THEODORE J KLEIN, ATTY				Street Address (P.O. Box Number is Not Acceptable)						
88 NE 168TH ST										
NORTH M	IAMI BEACH FL 33162									
	,			City			FL	Zip Cod	е	
8. The above	e named entity submits this statemen	nt for the purpose of	of changing its re	egistered office o	r registered ag	gent, or both, in the State of Florida		ı miliar with,	and accept	
	tions of registered agent.	, .	0 0	•		,			,	
CICNIATI IDE	·*									
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable	. (NOTE: I	Registered Agent signa	ture required when re	einstating)	DATE			
F	FILE NOW!!! FEE IS \$150.00					0 Flores 0 / F	-1	<u> </u>	^	
Afte	r May 1, 2003 Fee will be \$550.					<ol> <li>Election Campaign Finance</li> <li>Trust Fund Contribution.</li> </ol>	cing 🔲		<b>0</b> May Be I to Fees	
Make Check	k Payable to Florida Departmen	t of State				macrana commandi.	_	7.0000	. 10 1 000	
10.		ND DIRECTORS		11.	AC	DDITIONS/CHANGES TO OFFICE	RS AND [	DIRECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE			1	☐ Change	☐ Addition	
NAME -	AZOUT, JACK			NAME						
STREET ADDRESS CITY-ST-ZIP	2875 NE 191 ST PH1 AVENTURA FL 33180			STREET ADDRESS CITY-ST-ZIP						
<u> </u>	<del> </del>		☐ Delete	TITLE				Change	☐ Addition	
TITLE NAME	VD  SREDNI, ERWIN		L Delete	NAME				Gliange	☐ Acoldon	
STREET ADDRESS	2875 NE 191 ST			STREET ADDRESS		•				
CITY-ST-ZIP	AVENTURA FL 33180			CITY-ST-ZIP						
TITLE	VD . 1 1000000000000000000000000000000000	المناسعين والا منصاليا	Delete -	`TITLE	F 75 77 1	u in ilyanis milanga <del>m</del>	1	Change	☐ Addition	
NAME	GILINSKI, SAUL			NAME			2	X.		
	2525 DAVIE RD EXT, 320			STREET ADDRESS		N.E. 191 Street		1		
CITY-ST-ZIP —	DAVIE FL			CITY-ST-ZIP	Aventu	i <mark>ra, Florida 33</mark>	180			
TITLE	SD		☐ Delete	TITLE		NE 191 Street	أمير ص	<b>X</b> Change	☐ Addition	
NAME STREET ADDRESS	SREDNI, ISAAC  2 <del>075 NE-1201-ST-PH1</del>			NAME STREET ADDRESS	2875 N	VE 191 STREET 1	PHI			
CITY-ST-ZIP	AVENTURA FE 33180			CITY-ST-ZIP	Avont	Ura, FL 33181	ኃ			
TITLE	NAME ALCOHOL COLOR		☐ Delete	TITLE	7 7 7 6 7 1	002,1000	<u> </u>	Change	Addition	
NAME			L Delete	NAME			,	Ondings		
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			[	Change	☐ Addition	
NAME				NAME			.•			
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	1			CITY-ST-ZIP	1					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4.13.03</u>

305945 : O405