

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**  
 02-21-2000 90029 016 \*\*\*150.00

**DOCUMENT # P93000021586**

1. Entity Name  
**PREMIER INTERNATIONAL TRADING CORP.**

Principal Place of Business      Mailing Address  
**730 MCNAB RD      730 MCNAB RD**  
**FT LAUDERDALE FL 33309      FT LAUDERDALE FL 33309-2150**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**BERK, ARTHUR J**  
**848 BRICKELL AVENUE**  
**SUITE 200**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELIN, DAVE		NAME	J. LEON ELLMAN	
STREET ADDRESS	730 W MCNAB ROAD		STREET ADDRESS	730 WEST MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	OST	<input checked="" type="checkbox"/> Delete	TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELIN, DAVE		NAME	ARTHUR BERK	
STREET ADDRESS	730 W MCNAB ROAD		STREET ADDRESS	730 WEST MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KEVIN SIROP	
STREET ADDRESS			STREET ADDRESS	730 WEST MCNAB ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	NEIL ELLMAN	
STREET ADDRESS			STREET ADDRESS	730 WEST MCNAB ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LANCE ELLMAN	
STREET ADDRESS			STREET ADDRESS	730 WEST MCNAB ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Kevin Sirop, Treasurer 2/4/2000 (954) 917-3094  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)