**2001 UNIFORM BUSINESS REPORT (UBR)** May 19, 2001 8:00 am DOCUMENT # P 950 Secretary of State PREMIER INDUSTRIES INTERNATIONAL, INC. 05-19-2001 90279 027 \*\*\*158.75 Principal Place of Business Malling Address 2809 BIRD AVENUE 2809 BIRD AVENUE Suite 220 Suite 220 768574 MiAMi, FL 33133 Mi Ami, FL 33133 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0569319 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STORM, GIENN Street Address (P.O. Box Number is Not Acceptable) 2809 BIRD AVENUE Suite 220 Mirami, FL 33133 City 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** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001. Fee will be \$550.00 .Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . (See criteria on back) ... . ... Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Addition CR2E034 (11/00 STORM, GLENN NAME 2809 BIRD Avenue, Suite 220 Miami, FL 33133 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 empered 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 any address, particularly of the empowered. SIGNATURE:

SIGNATURE AND TYPED

NAME OF SIGNING OFFICER OR DIRECTOR