

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083370

1. Entity Name
PREMIER REALTY ASSOCIATES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 020 ***150.00

Principal Place of Business

1777 TAMiami TRAIL
SUITE ~~5000~~ 406
PT. CHARLOTTE FL 33948
US

Mailing Address

1777 TAMiami TRAIL
SUITE ~~5000~~ 406
PT. CHARLOTTE FL 33948
US

2. Principal Place of Business

1777 TAMiami TRAIL
Suite, Apt. #, etc. SUITE 406

3. Mailing Address

1777 TAMiami TRAIL
Suite, Apt. #, etc. SUITE 406

City & State
PT. CHARLOTTE FL

Zip 33948 Country USA

City & State
PT. CHARLOTTE FL

Zip 33948 Country USA

4. FEI Number 65-0706611

Applied For:
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBARA L. KAMECK
PREMIER REALTY ASSOCIATES, INC.
1777 TAMiami TRAIL, SUITE-5000 406
PT. CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Barbara L. Kameck

4/10/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

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, 2001 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

TITLE PSTD ☐ Delete
NAME KAMECK, BARBARA L.
STREET ADDRESS 1777 TAMiami TRAIL, SUITE-5000 406
CITY-ST-ZIP PT. CHARLOTTE FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 406
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 any address, with all other like empowered.

SIGNATURE

Barbara L. Kameck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (941 627-3330)

Date

Daytime Phone #

CR2E034 (10/00)