

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90329 049 ***150.00

DOCUMENT # P96000083370

1. Entity Name

PREMIER REALTY ASSOCIATES, INC.

Principal Place of Business

**1777 TAMiami TRAIL
 SUITE 406
 PT. CHARLOTTE FL 33948
 US**

Mailing Address

**1777 TAMiami TRAIL
 SUITE 406
 PT. CHARLOTTE FL 33948
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 380602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MURDOCK FL

Zip

Country

Zip

Country

33938-0602 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 406
 PT. CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name **BARBARA L. KAMECK**
 Street Address (P.O. Box Number is Not Acceptable) **3945 MAGNolia TERRACE**
 City **NORTH PORT FL** Zip Code **34287**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAMECK, BARBARA L. 1777 TAMiami TRAIL, SUITE 406 PT. CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BARBARA L. KAMECK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 (941) 627-3330

CR2E034 (9/01)