

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023927

1. Entity Name

PREMIER PRESS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90017 032 ***150.00

Principal Place of Business

Mailing Address

11768 SW 1ST STREET
CORAL SPRINGS FL 33071

11768 SW 1ST STREET
CORAL SPRINGS FL 33071-8062

2. Principal Place of Business

5539 N STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

5665 NW 121 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort LAUDERDALE, FL.

City & State

Coral Springs FL.

4. FEI Number

65-0777802

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33076

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, DIANE
8644 NW 29 DR
CORAL SPRINGS FL 33065

Name

COREY KOPLOFF

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

5665 NW 121 Ave

City

Coral Springs

FL

Zip Code

33076

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, 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

TITLE ☐ Delete
NAME P
STREET ADDRESS KOPLOFF, COREY
CITY-ST-ZIP 11768 SW 1ST STREET
CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5665 NW 121 Ave
CITY-ST-ZIP Coral Springs FL. 33076

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

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)