2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027930 1. Entity Name

PREMIER REALTY INTERNATIONAL, INC.

Principal Place of Business

7875 S.W. 104TH STREET., SUITE 101

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

7875 S.W. 104TH STREET., SUITE 101

MIAMI FL 33 US		MIAMI FL 33156 US					
2. Principal I	Place of Business	3. Mailing Address				EB (IIII) FB() (BJ)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0781263		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A Fee Requi	dditional	٦
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered			\dashv
DEI INOIC	DATDICIA		- Name				₽.
	6, Patricia /. 104th Street., Suite 101	Street Addres		s (P.O. Box Number is Not Acceptable)			\dashv
MIAMI FL							_
			City				_
9. The above			'	FI	L Zip Co		
SIGNATURE .	Signature, typed or printed name of registered agent an		E: Registered Agent signature requir	tered agent, or both, in the State of Florida. I am	ı tamıllar witr	n, and accept	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 		FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$75 Make Check Payable to Department of S		10. Election Campaign Financing \$5.00 May Be Added to Fees			
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DELINOIS, PATRICIA 7875 S.W. 104TH STREET., SUITE MIAMI FL 33156	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, JUDY 7875 S.W. 104TH STREET., SUITE MIAMI FL 33156	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	CRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-21P		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 repeiver 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

NAME

STREET ADDRESS

Delete

☐ Change

☐ Addition

FILED

Jul 17, 2002 8:00 am Secretary of State

07-17-2002 90137 012 ***550.00