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2001 UNIFORM BUSINESS REPORT (ÜBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 08, 2001 8:00 am DOCUMENT # P97000047022 **Secretary of State** PREM INTERNATIONAL, INC. 03-08-2001 90190 017 ***150.00 Principal Place of Business Mailing Address 7247 NW 54TH ST 7247 NW 54TH ST MIAMI FL 33166 MIAMI FL 33166 00032674 2. Principal Place of Business NW 705 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0765687 Not Applicable \$8.75 Additional)5.A SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent--7. Name and Address of New Registered Agent Name CRITTENDEN, ISELA Street Address (P.O. Box Number is Not Acceptable) 9701 5 W. 72 CT. MIAMI FL 33156 City Zip Code ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this st SIGNATURE Signature, typed or printed name of mg ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ANL YANEZ KELLY, HUGO NAME NAME 8412 NW 70TH ST 7247 NW 54TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33166 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE BARCI, SERGIO NAME NAME STREET ADDRESS 7247 NW 54TH ST STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete -TITLE -TITLE ~~~ 🗢 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or trustee impowered 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 adg er like empowered.