## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am Secretary of State P97000065304 DOCUMENT # 1. Entity Name PREMIER SOFTWARE, INC. Principal Place of Business Mailing Address 21121 SOUTHWEST 85 AVENUE 21121 SOUTHWEST 85 AVENUE SUITE 215 SUITE 215 MIAMI FL 33189 **MIAMI FL 33189** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0770864 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALCO, GREG Street Address (P.O. Box Number is Not Acceptable) 21800 SW 98TH PL MIAMI FL 33190 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 .10. Election Campaign Financing ... \$5.00 May Be Tax filing requirement and elects to do so. \* After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition FALCO, JOSEPH H NAME NAME 21121 SOUTHWEST 85 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33189 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALZADILLA, MARCO C JR NAME NAME 21121 SOUTHWEST 85 AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33189** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the secure 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 addless,

SIGNATURE:

4-26-02