## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000074558** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name PREMIER PROCESSING, INC. 04-07-2000 90006 020 \*\*\*150.00 Principal Place of Business Mailing Address PREMIER PROCESING. INC 1717 N BAYSHORE DR. 1717 N BAYSHORE DR. #1 **SUITE 127** MIAMI FL 33132-1107 MIAMI FL 33132 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0776822 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MERCEDES <u>SJURIZOO</u> FERNANDEZ, DENYSIS Street Address (P.O. Box Number is Not Acceptable 1717 17 : BAYSHORE = 7839 SW 102 LANE MIAMI FL 33156 127 City 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 mercenes FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PVST ☐ Addition **PVST** TITLE Delete 🔀 TITLE KODRIGUEZ, WEBOR DES FERNANDEZ, DENYSIS NAME NAME 1717 n BAYShore DRIVE STREET ADDRESS STREET ADDRESS 7839 SW 102 LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Change ☐ Addition **X** Delete TITLE TITLE RODRIQUEZ MERGEDES 1717 M. BAYShore DRIVE #127 FERNANDEZ, DENYSIS NAME NAME STREET ADDRESS 7839 SW 102 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP **MIAMI FL 33156** Addition Delete TITLE' TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ADRIDITECTOR

43/2000 (305) 373.5001