

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000012610.**

1. Entity Name

PREMIER PARTIES ENTERTAINMENT, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90101 018 ***150.00

048404



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**238 WEST UNIVERSITY AVENUE
STE. A1
GAINESVILLE FL 32601**Mailing Address
**1726 SW 42ND AVE.
GAINESVILLE FL 32608**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3493084**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANIN, ERIC
1726 SW 42ND AVENUE
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **MANIN, ERIC**
STREET ADDRESS **1726 SW 42ND AVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE **P** ☐ Delete
NAME **MANIN, MARCIA**
STREET ADDRESS **2362 NW 122 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE **S** ☐ Delete
NAME **HERNANDEZ, TONY**
STREET ADDRESS **403 SW 10TH ST. APT.2**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE **D** ☐ Delete
NAME **KURZMAN, DAVID**
STREET ADDRESS **919 NW 23RD AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32609**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

352-375-6122 ext 15

Daytime Phone #

CR2E034 (10/00)