

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000037019**

1. Entity Name

PREMIER ONE ENTERPRISES, INC.**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90253 003 ***150.00

850937

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3300 PGA BLVD. SUITE 810 PALM BEACH GARDENS FL 33410	Mailing Address 3300 PGA BLVD. SUITE 810 PALM BEACH GARDENS FL 33410-2811
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0843529	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BERROCAL, CARLOS J
1070 E. INDIANTOWN ROAD
JUPITER FL 33477**7. Name and Address of New Registered Agent**
Name
PETER V. DE SANCTIS, CPA
Street Address (P.O. Box Number is Not Acceptable)
HIKSON, MARIN, POWELL & DE SANCTIS, P.A.
3300 PGA BLVD., SUITE 810
City
PALM BEACH GARDENS, FL Zip Code
33410**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.	PETER V. DE SANCTIS (NOTE: Registered Agent signature required when reinstating)	4/27/00 DATE
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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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEKLED, MICHAEL 3300 PGA BLVD., SUITE 810 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWEN, JASON R 3300 PGA BLVD., SUITE 810 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEKLED, RAKEN 3300 PGA BLVD., SUITE 810 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	4/27/00 Date	Daytime Phone #
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CR2E034 (9/99)