

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90016 010 ***150.00

DOCUMENT # P99000006422

1. Entity Name

~~PREMIER MORTGAGE & FINANCE CORPORATION~~

ALL STAR PRINTING INTERNATIONAL, INC.

Principal Place of Business

23427 MIRABELLA CIR S.
 BOCA RATON FL 33433
 US

Mailing Address

7000 WEST PALMETTO PARK RD. STE 400
 BOCA RATON FL 33433

2. Principal Place of Business

2101 NW 33RD ST.

3. Mailing Address

700 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 2900

City & State

BOCA RATON BEACH, FLORIDA

Zip

33069

Country

U.S.A

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
 7000 W PALMETTO PARK RD
 SUITE 200
 BOCA RATON FL 33433

Name

Street Address

City

7. Name and Address of New Registered Agent

Garellek, Steven
 700 S. Federal Hwy., Suite 200
 Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STASZOWER, MORRIS	
STREET ADDRESS	23427 MIRABELLON CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

M. STASZOWER

March 19/01

Date

(954) 974-0333

Daytime Phone #

CR2E034 (10/00)