## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038647

page 1 of 2

SECRETARY OF STATE

1. Entity Name PREMIER AIRPORT SERVICES, INC. 00 OCT 20 AM II: 50 Mailing Address Principal Place of Business PO BOX 430622 PO BOX 430622 MIAMI FL 33243-0622 MIAMI FL 33243-0622 3. Mailing Address 2. Principal Place of Business Sam 102 ronce deleon DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State, City & State FEI Number 65-09 trables Not Applicable oval \$8,75 Additional Zip Country 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 Name Molina. Aleida M Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE. STE. 480 **MIAMI FL 33131** Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 YESIACOT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition Annette E. Masdeu Vergard Delete
102 Ponce De Leon Blud. ☐ Change TITLE TITLE NAME NAME 100003458001--8 STREET ADDRESS STREET ADDRESS coral bables, FL 33135 <u> 1/09/00-</u>-01012--019 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 **序を指摘 5 日 Abdition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP [ ] Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

In Re: Uniform Business Report

Dear Sirs:

I am writing to you because I recently received, this past week, my second notice for the Uniform Business Report. But the problem is that I never received the first notice. I called your offices, and I was told to write to you and state what happened and to enclose a check in the amount \$150.00. This is the first year that I file a report so maybe that is why I was excluded from the initial mail out back in January.

I am enclosing a check in the amount of \$150.00 and also the Uniform Business Report. If you have any questions or comments, you can reach me at (305) 448-1919.

Sincerely,

Vinette EMasder Vergar a Annette E. Masder Vergara