

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90260 003 ***150.00

0501888

DOCUMENT # P99000038647

1. Entity Name

PREMIER AIRPORT SERVICES, INC.

Principal Place of Business

**102 PONCE DE LEON BLVD
CORAL GABLES FL 33135**

Mailing Address

**PO BOX 430622
MIAMI FL 33243-0622****644748**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

102 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables FL

4. FEI Number

65-0922738

Applied For

Not Applicable

Zip

Country

Zip

Country

33135**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLINA, ALEIDA M
1000 BRICKELL AVE. STE. 480
MIAMI FL 33131**

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 State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MASDEU VERGARA, ANNETTE E	
STREET ADDRESS	102 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33135	

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

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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:

Annette E. Vergara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-01 305-448-1919

CR2E034 (10/00)