

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 003 ***150.00

DOCUMENT # **P99000065313**

1. Entity Name

PREMIER LUXURY - MOTOR SPORTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3721 NE 12th Ave

Suite, Apt. #, etc.

3. Mailing Address

4251 Coral Wells Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach

Zip **33064**

Country

City & State

Coral Springs FL 33065

Zip

Country

4. FEI Number

65-0935465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROZA OBNENOVIC**

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

3721 NE 12th Ave

City **Pompano Beach**

FL

Zip Code

33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-15-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **ROZA OBNENOVIC**
STREET ADDRESS **4251 Coral Wells Dr.**
CITY-ST-ZIP **Coral Springs, FL 33065**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-03

Date

Daytime Phone #

954-553-2947

CR2E034B (12/02)