

APR-27-00 02:49P

955/E

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am  
Secretary of State

05-30-2000 90120 045 \*\*\*150.00

DOCUMENT # **P99000069735P**  
 1. Entry Name  
**Premier 2000 INTERNATIONAL, INC.**

Principal Place of Business  
**537 N. STATE RD. 7.  
 MARGATE, FL 33063**

Mailing Address  
**537 N. STATE RD. 7  
 MARGATE, FL 33063**

2. Principal Place of Business  
**537 N. STATE RD 7**

3. Mailing Address  
**537 N. STATE RD. 7**

State, Apt. # etc.

City & State  
**MARGATE, FL**

City & State  
**MARGATE, FL**

Zip  
**33063** Country  
**USA**

Zip  
**33063** Country  
**USA**

4. FRI Number  
**65-0939054**

Accepted For  
 (Not Applicable)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Alfred Lau.**

7. Name and Address of New Registered Agent  
**Wilson Yu**

Street Address (P.O. Box Number is Not Acceptable)  
**3654 N. UNIVERSITY DR.**

City  
**CORAL SPRINGS**

State  
**FL**

Zip Code  
**33065**

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 **Wilson Yu** **4/27/00**

Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when necessary)

9. The corporation is eligible to satisfy its franchise  
 Tax filing requirements and elects to do so  
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$350.00  
 Make Check Payable to: Department of State

10. Election Campaign Financing  
 Trust Fund Contribution ☐ \$5.00 May 8  
 Added to Fees

| 11. OFFICERS AND DIRECTORS |                                |                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: |  |                                                              |
|----------------------------|--------------------------------|--------------------------------------------|--------------------------------------------------------|--|--------------------------------------------------------------|
| TITLE                      | <b>P</b>                       | <input checked="" type="checkbox"/> Delete | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>Alfred Lau</b>              |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             | <b>3654 N. UNIVERSITY DR.</b>  |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            | <b>CORAL SPRINGS, FL 33065</b> |                                            | CITY - ST - ZIP                                        |  |                                                              |
| TITLE                      | <b>P</b>                       | <input type="checkbox"/> Delete            | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>WILSON YU</b>               |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             | <b>3654 N. UNIVERSITY DR.</b>  |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            | <b>CORAL SPRINGS, FL 33065</b> |                                            | CITY - ST - ZIP                                        |  |                                                              |
| TITLE                      | <b>S</b>                       | <input type="checkbox"/> Delete            | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>YIU CHEONG KWOK</b>         |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             | <b>537 N. STATE RD. 7</b>      |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            | <b>MARGATE, FL 33063</b>       |                                            | CITY - ST - ZIP                                        |  |                                                              |
| TITLE                      |                                | <input type="checkbox"/> Delete            | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             |                                |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            |                                |                                            | CITY - ST - ZIP                                        |  |                                                              |
| TITLE                      |                                | <input type="checkbox"/> Delete            | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             |                                |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            |                                |                                            | CITY - ST - ZIP                                        |  |                                                              |
| TITLE                      |                                | <input type="checkbox"/> Delete            | TITLE                                                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                |                                            | NAME                                                   |  |                                                              |
| STREET ADDRESS             |                                |                                            | STREET ADDRESS                                         |  |                                                              |
| CITY - ST - ZIP            |                                |                                            | 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(1)(b), Florida Statutes. I further certify that the information included 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 its duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address change as the empowered

SIGNATURE: **Wilson Yu** **4/27/00** **P**

Signature typed or printed name of registered agent and date of signature