

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0237822 AV

DOCUMENT # P99000106428

1. Entity Name
PREMIER VACATION RENTALS, INC.



Principal Place of Business
140 JEFFERSON AVENUE SUITE 14007
MIAMI BEACH FL 33139

Mailing Address
% STEVE GOLDEY
420 LINCOLN ROAD, SUITE 372
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

40 Steve Goldey

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4014 Chase Ave, # 217

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33140

U.S.A.

4. FEI Number 65-0975866

Applied For

Not Applicable

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

ROBBINS, JUDY
C/O STEVEN R. GOLDEY, CPA, P.A.
420 LINCOLN ROAD, SUITE 372
MIAMI BEACH FL 33139

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

SIGNATURE

[Signature]

Judy Robbins

4-11-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME ROBBINS, JUDY
STREET ADDRESS C/O STEVEN GOLDEY, 420 LINCOLN RD #372
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE PSTD
NAME Robbins, Judy
STREET ADDRESS C/O Steve Goldey, 4014 Chase Ave, # 217
CITY-ST-ZIP Miami Beach, FL 33140

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

Judy Robbins

4-11-03

818-990-3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)