

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90116 018 \*\*\*158.75

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

**DOCUMENT #** *P-02000032269*

**1. Entity Name**

**PREMIERE MULTIFINANCE, INC.**

**11028783**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**2050 CORAL WAY**

Suite, Apt. #, etc.  
**SUITE 300-B**

**3. Mailing Address**

**SAME AS 2**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State

**4. FEI Number** **68-0495491**

Applied For  
Not Applicable

Zip  
**33145**

Country

Zip

Country

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

**7. Name and Address of Current Registered Agent**

Name **EDUARDO MENDOZA**

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

**8223 N.W. 7TH STREET**

City **MIAMI** **FL** Zip Code **33145**

**DO NOT WRITE IN THIS SPACE**

**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) ☐

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**EDUARDO MENDOZA**  
**8223 N.W. 7TH STREET- MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT**  
**ALBERTO SEVILLA SACASA**  
**3512 CRYSTALVIEW CT, MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS**  
**VERONICA MENDOZA**  
**8223 N.W. 7TH STREET- MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**EDUARDO MENDOZA 4/29/03**

**305-285-0558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)