

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90108 038 ***150.00

DOCUMENT # P94000053936

1. Entity Name

STATEWIDE PREMIUM FINANCE, INC.

Principal Place of Business

Mailing Address

2393 S CONGRESS AVE
 WEST PALM BEACH FL 33406

PO BOX 5417
 LAKE WORTH FL 33466-5417
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0516148

Applied 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

7. Name and Address of New Registered Agent

FINKELSTEIN, MYRON H
3716 S. MILITARY TRAIL
LAKE WORTH FL 33463

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, 2000 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 PD Delete
 NAME FINKELSTEIN, MYRON H
 STREET ADDRESS 10451 W BROWARD BLVD BLDG 2 APT 109
 CITY-ST-ZIP PLANTATION FL 33324

TITLE Change Addition
 NAME
 STREET ADDRESS 7305 Corkwood Circle
 CITY-ST-ZIP Tamarac, FL 33327

TITLE SD Delete
 NAME MURSTEIN, PAUL C
 STREET ADDRESS 250 PARK AVENUE, SUITE 2030
 CITY-ST-ZIP NEW YORK NY 10017

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD Delete
 NAME SEAMAN, CARL
 STREET ADDRESS 250 PARK AVENUE, SUITE 2030
 CITY-ST-ZIP NEW YORK NY 10017

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TV Delete
 NAME BLAKE, JAMES W
 STREET ADDRESS 2358 SUNDERLAND AVENUE
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME PRENDAMANO, JOSEPH G
 STREET ADDRESS 718 JUNIPER PLACE
 CITY-ST-ZIP WELLINGTON FL 33416

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

SIG JAMES W BLAKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Truman

2/24/00 (581) 568-5102

Date

Daytime Phone #

CR2E034 (9/99)