

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90022 018 ***150.00

DOCUMENT # P95000093574

1. Entity Name
SECURITY PREMIUM FINANCE, INC.

Principal Place of Business 5228 W FLAGLER ST MIAMI FL 33134	Mailing Address 5228 W FLAGLER ST MIAMI FL 33134-1168
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2. Principal Place of Business 140 N.W. 57th Ave. Suite, Apt. #, etc.	3. Mailing Address 140 N.W. 57th Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0653408	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	7.. Name and Address of New Registered Agent Name Bert Alexander + Associates Street Address (P.O. Box Number is Not Acceptable) 7621 SW 54th Ave. City Miami FL Zip Code 33143
6. Name and Address of Current Registered Agent BERT ALEXANDER & ASSOCIATES 420 BLUE ROAD SUITE 608 CORAL GABLES FL 33146	

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME IRIGROYEN, HUMBERTO L	TITLE DP	NAME Irigoyen, Humberto L
STREET ADDRESS PO BOX 330895 N/A	CITY-ST-ZIP MIAMI FL	STREET ADDRESS 7621 SW 54th Ave.	CITY-ST-ZIP Miami, FL 33143
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP	NAME QUINTANA, JOSE J	TITLE D	NAME Quintana, Jose J
STREET ADDRESS 2151 S.W. 139TH CT	CITY-ST-ZIP MIAMI FL 33175	STREET ADDRESS 2151 SW 139th Ct	CITY-ST-ZIP Miami, FL 33175
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *S. Bel...* **4/14/00** **305-269-1975**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #