

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90139 017 \*\*\*150.00

**DOCUMENT # P95000093574**

1. Entity Name  
**SECURITY PREMIUM FINANCE, INC.**



Principal Place of Business  
**140 N W 67TH AVE  
MIAMI FL 33126**

Mailing Address  
**140 N W 57TH AVE  
MIAMI FL 33126**



2. Principal Place of Business  
**Security Premium**

3. Mailing Address

Suite, Apt. #, etc.  
**140 N.W. 57th Ave.**

Suite, Apt. #, etc.

City & State  
**Miami, FLA**

City & State

Zip  
**33126**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0653408**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BERT ALEXANDER & ASSOCIATES  
7621 SW 54TH AVE  
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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, 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

TITLE  Delete  
NAME **DP IRIGOYEN, HUMBERTO L**  
STREET ADDRESS **7621 SW 54TH AVE**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE  Delete  
NAME **D QUINTANA, JOSE J**  
STREET ADDRESS **2151 SW 139TH CT**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Zunilda Prado**  
STREET ADDRESS **3355 W. 68 Street Unit 188**  
CITY-ST-ZIP **Michele, Fla. 33018**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**Humberto Irigoyen** Date **2/21/03** Daytime Phone # **305-527-4575**

CR2E034 (10/02)