

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91752 008 \*\*\*150.00

DOCUMENT # P97000021978  
1. Entity Name  
Premium Investments, Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1800 SW 8th Street 3. Mailing Address 1800 SW 8th Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State Miami FL City & State Miami FL  
Zip FI 33135 Country Zip 33135 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0747217 Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name MOISES KABA III  
Street Address # 1800 SW 8th Street  
City Miami FL Zip Code 33135

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 Moises Kaba DATE 4/24/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>moises Kaba III</u> <u>1800 SW 8th Street</u> <u>Miami, FL 33135</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Moises Kaba DATE 4/24/02 DAYTIME PHONE # (305) 667-9229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)