

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

S10454

ELITE PREMIUM FINANCE INC.

FILED
00 MAY 18 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

385 Alhambra Circle
Coral Gables, Fl. 33134

Same

2. Principal Place of Business

385 Alhambra Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Florida

4. FEI Number

65-0231513

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jesus Pedroso
385 Alhambra Circle
Coral Gables, Fl. 33134

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.

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

TITLE ☒ Delete
NAME President
STREET ADDRESS De Ona, Jorge A.
CITY-ST-ZIP 385 Alhambra Circle
Coral Gables, Fl. 33134

TITLE ☒ Delete
NAME Vice President
STREET ADDRESS Jesus Pedroso
CITY-ST-ZIP 385 Alhambra Circle, Coral Gables 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS De Ona, Jorge V.
CITY-ST-ZIP 385 Alhambra Circle
Coral Gables, Fl. 33134

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Carrillo, Juan C.
CITY-ST-ZIP 385 Alhambra Circle
Coral Gables, Fl. 33134

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Pedroso, Jesus
CITY-ST-ZIP 385 Alhambra Circle
Coral Gables, Fl. 33134

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E034 (9/99)