## 2002 UNIFORM BUSINESS REPORT (UBR)

S10454

**DOCUMENT #** 

## Aug 25, 2002 8:00 am Secretary of State 1. Entity Name 08-25-2002 90216 013 \*\*\*550.00 ELITE PREMIUM FINANCE, INC. Principal Place of Business Mailing Address 077188 385 ALHAMBRA CIRCLE 385 ALHAMBRA CIRCLE CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0231513 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JESUS PEDROSO Street Address (P.O. Box Number is Not Acceptable) 385 ALHAMBRA CIRCLE **CORAL GABLES FL 33134** Zip Code FL 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (4/02)☐ Addition ☐ Change NAME DE ONA, JORGE V NAME 385 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS **CR2E034 CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition CARRILLO, JUAN C NAME 385 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition PEDROSO, JESUS NAME NAME 385 ALHAMBRA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

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.

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

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