

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394624

1. Entity Name

CAPITAL PREMIUM FINANCE COMPANY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 015 ***150.00

Principal Place of Business

Mailing Address

7640 SOUTHGATE BLVD
SUITE 7
NORTH LAUDERDALE FL 33068
US

PO BOX 491310
FT LAUDERDALE FL 33349-1310
US

2. Principal Place of Business

3. Mailing Address

4975 E 4 AVE
Suite, Apt. #, etc.

PO Box
Suite, Apt. #, etc.
557567

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33013 FL

33255 FL

4. FEI Number

59-1581842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JORGE S.
6800 SW 130 TERR
MIAMI FL 33156

Name

Jorge S. Perez

Street Address (P.O. Box Number is Not Acceptable)

4975 E 4 AVE

City

Hialeah FL

FL

Zip Code

33013

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

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE S	
STREET ADDRESS	6800 SW 130TH TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JORGE S.	
STREET ADDRESS	4485 N. MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	WALLACH, FRANCES	
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, LILIA C.	
STREET ADDRESS	29 WEST RIVO ALTO	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ROBERT A	
STREET ADDRESS	530 SW 88TH PLACE, W	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/25/00

Date

205 685 6166

Daytime Phone #

CR2E034 (9/93)