

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000481**

1. Entity Name

FREMONT PREMIUM FINANCE CORPORATION**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90039 010 ***150.00

Principal Place of Business

2020 SANTA MONICA BLVD. STE. 410
SANTA MONICA CA 90404

Mailing Address

2020 SANTA MONICA BLVD. STE. 410
SANTA MONICA CA 90404-2059**608841**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2020 SANTA MONICA BLVD.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

City & State

SANTA MONICA, CA

City & State

4. FEI Number

95-2827825

Applied For
Not ApplicableZip
90404Country
USA

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

SAME

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	RAMPINO, LOUIS J	
STREET ADDRESS	4533 BLACKTHORNE AVE.	
CITY-ST-ZIP	LONG BEACH CA 90808	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, JAMES A	
STREET ADDRESS	127 SOUTH ANITA AVE.	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, WAYNE R	
STREET ADDRESS	5464 WELLESLEY	
CITY-ST-ZIP	CALABASAS CA 91302	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZOOTA, MURRAY L	
STREET ADDRESS	1055 TAYLOR CT.	
CITY-ST-ZIP	ANAHEIM CA 92808	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOTAMEDI, MAHSHA	
STREET ADDRESS	24441 INDIAN HILL LN.	
CITY-ST-ZIP	WEST HILLS CA 91307	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAIGIN, ALAN W	
STREET ADDRESS	15332 ANTIOCH ST., #719	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. VP & C.O.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH ANTHONY GRIMES, III	
STREET ADDRESS	1686 OLDCASTLE PLACE	
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91361	
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

JOSEPH A. GRIMES, III 1/18/2000

Date

(310) 586-1474

Daytime Phone #