

MAY 24 2000 12:48PM

UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 26 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002212

1. Entity Name

Premium USA Ltd. Corp.

Principal Place of Business

Mailing Address

409 Hallandale Beach Blvd.
Suite 206
Hallandale, FL 33009

3741 N.E. 163rd St.
#108
N. Miami Beach 33160

2. Principal Place of Business

3. Mailing Address

1470 N.W. 107th Ave
Suite, Apt. #, etc.
Suite H

PO Box 520636
Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33172 USA/None

33152 USA/None

4. FEI Number

52-5542987

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Roberta Cheshier

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

14524 S.W. 143 Pl.

City

Miami

FL

Zip Code

33186

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

5/24/00
DATE

FILE NOW
FEE IS \$6.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Roberta Cheshier 3741 NE 163rd St #108 North Miami Beach, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003263571	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-05/30/00--01002--011 ****280.00 ****70.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Roberta Cheshier

5/24/00

President