

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90123 029 \*\*\*158.75

**DOCUMENT # G81985**

1. Entity Name

**AUTO PREMIUM FINANCE CORP.**



**DO NOT WRITE IN THIS SPACE**

**90018470**

2. Principal Place of Business

**8300 WEST FLAGLER STREET**

3. Mailing Address

**8300 WEST FLAGLER STREET**

Suite, Apt. #, etc.

**SUITE #250**

Suite, Apt. #, etc.

**SUITE #250**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**59-234066**

Applied For

Not Applicable

Zip

**33144**

Country

**US**

Zip

**33144**

Country

**US**

5. Certificate of Status Desired ☒ **YES**

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSE M. ALVAREZ**

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

**8300 WEST FLAGLER STREET #250**

City **MIAMI,**

**FL**

Zip Code  
**33144**

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

**JOSE M. ALVAREZ**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/24/03**

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
ALVAREZ, JOSE M.  
8300 W. FLAGLER ST. #250 MIAMI, FL 33144**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
VALDES-FAULI, MARLEN  
8300 W. FLAGLER ST. #250 MIAMI, FL 33144**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VAS  
SOTO, JOHN M.  
8300 W. FLAGLER ST. #250 MIAMI, FL 33144**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOSE M. ALVAREZ**

Date

**1/24/03**

Daytime Phone #

**(305) 554-0800**

CR2ED34B (12/02)