

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33878

1. Entity Name

CONTINENTAL PREMIER CO.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90045 045 \*\*\*150.00

Principal Place of Business

Mailing Address

8701 SW 137 AVENUE  
 103  
 MIAMI FL 33183  
 US

8701 S.W. 137 AVENUE  
 103  
 MIAMI FL 33183-4498  
 US

2. Principal Place of Business

3. Mailing Address

2468 SW 137 Ave

2468 SW 137 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL 33175

Miami, FL

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33175

Dade

33175

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULIA H RIQUELME  
 14536 SW 96 TE  
 MIAMI FL 33186

Name ROBERT DE LEON

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

2468 SW 137 AV

City

Miami

FL

Zip Code

33175.

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	RIQUELME, JULIA H.	8701 SW 137 AND #103	MIAMI FL 33183	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President.	Rogert De Leon.	2468 SW 137 Ave	Miami, FL. 33175.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary.	Julia Riquelme.	2468 SW 137 Ave	Miami, FL. 33175.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

*Rogert De Leon* 3/29/00 305-221-7221

CR2E034 (9/99)