

2001 UNIFORM BUSINESS REPORT (UBR)

0004518 AF

DOCUMENT # L00000010050

1. Entity Name
GETPREMIUM.COM, LLC

FILED 4/23/28
01 MAR 26 PM 2:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
902 ARABIAN AVENUE
WINTER SPRINGS FL 32708

Mailing Address
902 ARABIAN AVENUE
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3666758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

EDGAR DE SOLA

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

902 ARABIAN AV

City WINTER SPRINGS

FL

Zip Code 32708

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE SOLA, EDGAR A
902 ARABIAN AVENUE
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERNANDEZ, MIGUEL
902 ARABIAN AVENUE
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003929378-4
-03/29/01-01065-006
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/26/01 407-702-6641

Date

Daytime Phone #

CR2E083 (11/00)