

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020205

1. Entity Name

R.A.C. PREMIUM-FINANCE COMPANY, LLC

Principal Place of Business

10110 S.W. 72 AVENUE
MIAMI FL 33156

Mailing Address

10110 S.W. 72 AVENUE
MIAMI FL 33156

2. Principal Place of Business

6101 Blue Lagoon Dr

Suite, Apt. #, etc.

100

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Address

6101 Blue Lagoon Dr

Suite, Apt. #, etc.

100

City & State

MIAMI, FL

Zip

33126

Country

USA

4. FEI Number

65-1155699

Applied For

Not Applicable

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

LEONARDO, JOSE J ESQ.

12515 N. KENDALL DRIVE, SUITE 222

MIAMI FL 33186

Name

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ENRIQUE ALBERTO CUADRA
11621 S.W. 104 STREET
MIAMI FL 33176
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALVAREZ, LUIS
10110 S.W. 72 AVENUE
MIAMI FL 33156
☐ Delete

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

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

7/30/02 305-260-3600
Date Daytime Phone #

FILED
Sep 25, 2002 8:00 am
Secretary of State

08-07-2002 90171 004 ****50.00

43010

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)