

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43539

1. Entity Name

FLORIDA NATIONAL PREMIUM FINANCE CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 1618
HALLANDALE FL 33008-1618

P.O. BOX 1618
HALLANDALE FL 33008-1618

2. Principal Place of Business

212 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

HALLANDALE FL.

City & State

Zip

Country

33009 BROWARD

Country

4. FEI Number

65-0173270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWIND, GEORGE
2455 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Name

Peter F. De Bello

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

212 North Fed. Hwy.

City

Hallandale

FL

Zip Code

33009

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 Peter F. De Bello, Pres.

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

(NOTE: Registered Agent signature required when re-instating)

DATE

8/17/00

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 D
NAME DEBELLO, PETER F.
STREET ADDRESS 212 NORTH FEDERAL HWY
CITY-ST-ZIP HALLANDALE FL 33009

☐ Delete

TITLE P-V-T-SEC'y
NAME De Bello, Peter F.
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: PETER F. DEBELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90126 001 *****8.75

08-22-2000 90126 002 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)