

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90762

1. Entity Name

GIDEON PREMIUM FINANCING CORP.

Principal Place of Business

Mailing Address

P O BOX 5560
HOLLYWOOD FL 33083

P O BOX 5560
HOLLYWOOD FL 33083-5560

2. Principal Place of Business

6900 Taft Street

3. Mailing Address

6900 Taft Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Hollywood Florida

4. FEI Number

65-0208093

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

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

Name

SHULKES, MYRA

3891 STERLING ROAD

FT. LAUDERDALE FL 33312

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

6900 Taft Street

City

Hollywood

FL

Zip Code

33024

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

Myra Shulkes pres

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 ☐ Delete
NAME D
STREET ADDRESS SHULKES, MYRA
CITY-ST-ZIP 5865 SW 32ND TERR
FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Myra Shulkes pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90044 019 ***150.00



DO NOT WRITE IN THIS SPACE