

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90090 001 \*\*\*\*\*8.75  
 08-20-2001 90090 002 \*\*\*550.00

**11514**

DOCUMENT # P00000023433

1. Entity Name

PREMO U.S.A. INC.

Principal Place of Business

Mailing Address

10795 NW 53rd St.  
 Suite 201  
 Sunrise, FL 33351

10795 NW 53rd Street  
 Suite 201  
 Sunrise, FL 33351

2. Principal Place of Business

3. Mailing Address

c/o Linda Larrea, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2300 Coral Way Suite 111

City & State

City & State

Miami, Florida

4. FEI Number

65-0987541

Applied For

Not Applicable

Zip

Country

Zip

Country

33145

USA

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

DADE CORPORATE SERVICES, INC.

2300 Coral Way  
 Suite 103  
 Miami, Florida 33145

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.

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, 2001 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          | Director             | <input checked="" type="checkbox"/> Delete |
| NAME           | Joe Long             |                                            |
| STREET ADDRESS | 10795 NW 53rd Street |                                            |
| CITY-ST-ZIP    | Miami, Florida       |                                            |
| TITLE          | Director             | <input type="checkbox"/> Delete            |
| NAME           | CARMEN LONG          |                                            |
| STREET ADDRESS | 10795 NW 53rd Street |                                            |
| CITY-ST-ZIP    | Miami, Florida       |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

|                |                                 |                                                                              |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |
| TITLE          | Director/President              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CARMEN RIFE                     |                                                                              |
| STREET ADDRESS | 10795 NW 53rd Street, Suite 201 |                                                                              |
| CITY-ST-ZIP    | Sunrise, Florida 33351          |                                                                              |
| TITLE          | SECRETARY                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JAVIER GAZO                     |                                                                              |
| STREET ADDRESS | 10795 NW 53rd Street, Suite 201 |                                                                              |
| CITY-ST-ZIP    | Sunrise, Florida 33351          |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |

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

CR2E034 (11/00)

Attachment

LINDA LARREA, P.A. #P00000673433  
ATTORNEY AT LAW

May 30, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: PREMO U.S.A. INC**

Ladies and Gentlemen:

Enclosed please find check No. 1086 for the amount of \$700.00 representing:

- 1. Renewal Fee \$150.00
- 2. Late Charge \$550.00

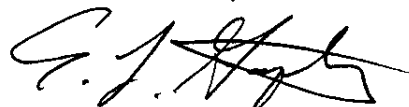
Also please find enclosed Check No. 1088 in the amount of \$8.75 for payment of Certificate of Status. Please forward the Certificate of Status to our address:

2300 Coral Way  
Suite 111  
Miami, Florida 33145

If you have any questions or concerns please feel free to contact me at (305) 858-5558.

Sincerely,

**LINDA LARREA, P.A.**



Eduardo Luis Gonzalez  
Assistant

Enclosures