


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90017 050 ***558.75

DOCUMENT # 1. Entity Name <i>Premium Lending Investment Corp. PO 3000004767</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>18590 SW 44th St</i>		3. Mailing Address <i>15841 Pines Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 223</i>	
City & State <i>Miramar FL</i>		City & State <i>Pembroke Pines FL</i>	
Zip <i>33029</i>	Country <i>USA</i>	Zip <i>33029-1220</i>	Country <i>USA</i>

54068301
DO NOT WRITE IN THIS SPACE

4. FEI Number <i>03-0501312</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Rosetta Sanchez</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>18590 SW 44th St</i>	
City <i>Miramar</i>	FL Zip Code <i>33029</i>

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]* (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Rosetta Sanchez 18590 SW 44th St Miramar FL 33029</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Secretary Cary G Douglas 18590 SW 44th St Miramar FL 33029</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Treasurer Cary G Douglas 18590 SW 44th St Miramar FL 33029</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)