

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2008 JUN 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037022

1. Entity Name
UNITED PREMIUM FINANCE COMPANY



Principal Place of Business 3903 NE 163RD ST 3RD FLOOR N MIAMI BEACH, FL 33160 US	Mailing Address 3909 NE 163RD ST 3RD FLOOR N MIAMI BEACH, FL 33160 US
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2. Principal Place of Business - No P.O. Box # 1313 NW 167 Street	3. Mailing Address 1313 NW 167 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06052008 Chg-P CR2E034 (12/06)

City & State Miami Gardens, FL	City & State Miami Gardens, FL	4. FEI Number 65-0423989	Applied For Not Applicable
Zip 33169	Country USA	Zip 33169	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES J ESQ 3909 NE 163RD ST 3RD FLOOR N. MIAMI BEACH, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1313 NW 167 Street City Miami Gardens FL Zip 33169
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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 Charles J. Grimsley DATE 6/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	200131632722 06/24/08--01040--005 ***0.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, MICHAEL R 3909 NE 163RD STREET, 3RD FLOOR N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 NW 167 Street Miami Gardens, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, BEAU 3909 NE 163RD ST, 3RD FLOOR N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 NW 167 Street Miami Gardens, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC CARTHY, BARBARA 3909 NE 163RD ST, 3RD FLOOR N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 NW 167 Street Miami Gardens, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLACHEK, PAUL 3909 N E 163RD STREET NO. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 NW 167 Street Miami Gardens, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMSLEY, CHARLES J 3909 N E 163RD STREET NO. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 NW 167 Street Miami Gardens, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles J. Grimsley **CHARLES J. GRIMSLEY** 6/12/08 305-799-4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone