

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 037 ***150.00

DOCUMENT # P93000077625

1. Entity Name

Advent Premier Finance, Inc

DO NOT WRITE IN THIS SPACE

030664

2. Principal Place of Business

10691 N. Kendall Dr.

Suite, Apt. #, etc.
Suite 304

City & State

Miami, Florida

Zip
33176

Country
US

3. Mailing Address

10691 N. Kendall Dr.

Suite, Apt. #, etc.
Suite 304

City & State

Miami, Florida

Zip
33176

Country
US

4. FEI Number

65-0454610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose M. Garcia

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

10691 N. Kendall Dr.

City Miami

FL

Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President and Secretary Garcia, Jose M 10691 N. Kendall DR. Ste 304 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres and Treasurer Cyril E. Parish, Jr. 10691 N. Kendall Dr. Ste 304 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose M Garcia

Jose M Garcia

4/11/02

305-598-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #