

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PS/52

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2000

DOCUMENT # P95000013772

PREMIUM TRANSPORTATION INC

Principal Place of Business Mailing Address
4911 SW 144 CT
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
25 29 30

3. Date incorporated or Qualified
2/11/95
4. FEI Number
65-0556450
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.
☐ Yes ☒ No

REINADO AVAREZ
4911 SW 144 CT
MIAMI, FLORIDA 33147

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent. I, the Secretary of State of Florida, do hereby certify that the above change was authorized by the corporation's board of directors and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VP VILMA M. AVAREZ 4911 SW 144 CT MIAMI, FL 33147	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINADO AVAREZ 4911 SW 144 CT MIAMI, FLORIDA 33147	<input type="checkbox"/> DELETE	12 NAME	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS	400003488624--8
	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	-12/05/00-01010-015
	<input type="checkbox"/> DELETE	21 TITLE	****150.00 ****150.00
	<input type="checkbox"/> DELETE	22 NAME	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32 NAME	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42 NAME	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52 NAME	
	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	62 NAME	
	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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PREMIUM TRANSPORTATION, INC.
REINALDO ALVAREZ

4911 SW 144 COURT
MIAMI, FL 33175
USA

Phone 305-265-8353
Fax 305-265-8350

October 24, 2000

Ms. Kathy Ashton
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Ashton,

RE: PREMIUM TRANSPORTATION, INC.
REF. NUMBER#: P95000013772

Please find enclosed my original filing along with a letter from your offices not accepting the renewal form for lack of signatures. Also a copy of the Certificate of Administrative Dissolution or Revocation for the above mentioned Corporation. I am returning all back to you signed. I am requesting that you reinstate my corporation and do not charge me a penalty fee. All paperwork was sent in on time. I had given my accountant all paperwork which she handles for me on a monthly basis. My accountant was taking care of her terminally ill mother-in-law who finally passed on this summer. It is only now that my Accountant is back to work and catching up with her work. That is why the correspondence was never answered. I feel that I should be granted some leniency because of this. All these years that I have had my Corporation I was never late in paying my renewal.

Should you have any questions or need any additional information please contact her (Judy Creque) at 305-258-5670.

Anything that you can do to expedite this matter would be greatly appreciated.

Sincerely,


Reinaldo Alvarez

Enc: 4