

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042162

1. Entity Name

PREMIUM HEALTH CONSULTANTS, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90109 027 ***150.00

Principal Place of Business

Mailing Address

11221 SOUTHWEST 128TH PLACE
MIAMI FL 33186

11221 SOUTHWEST 128TH PLACE
MIAMI FL 33186-4745

NOV 1 2000

2. Principal Place of Business

13255 S.W. 137th Ave

3. Mailing Address

13255 S.W. 137th

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. FEI Number

65-0752667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name RONALD B. KREUTZER

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

13255 S.W. 137th Ave SUITE 204

City MIAMI

FL

Zip Code 33186

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 *Ronald B. Kreutzer* (RONALD B. KREUTZER) SVD

1-20-2000

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, 2000 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

TITLE PTD ☐ Delete
NAME STEWART, DAVID
STREET ADDRESS 11221 SOUTHWEST 128TH PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE SVD ☐ Delete
NAME KREUTZER, RONALD B
STREET ADDRESS 11221 SOUTHWEST 128TH PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 13255 S.W. 137th Ave SUITE 204
CITY-ST-ZIP MIAMI, FL. 33186

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 13255 S.W. 137th Ave SUITE 204
CITY-ST-ZIP MIAMI, FL. 33186

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Ronald B. Kreutzer* (RONALD B. KREUTZER)

1-20-2000 305-234-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #