

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90243 001 ***150.00

DOCUMENT # P97000063495

1. Entity Name
DISTINCT ADVANTAGE PREMIUM FINANCE, INC.



Principal Place of Business
12550 BISCAYNE BLVD., #207
MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD., #207
MIAMI FL 33181

20000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0771205

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, STEVEN A
7805 S.W. 6TH CT
PLANTATION FL 33324

Name
Gloria S. Friedman
Street Address (P.O. Box Number is Not Acceptable)
7610 SW 133 St.

City
Miami **FL** **Zip Code**
33156

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 *Gloria S. Friedman*

(NOTE: Registered Agent signature required when reinstating)

1-10-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	FRIEDMAN, KATRENA B	NAME	
STREET ADDRESS	2327 MCCLENDON	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77030	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	FRIEDMAN, GLORIA S	NAME	
STREET ADDRESS	7610 SW 133 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria S. Friedman* **1-10-03** **305-892-0575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**