AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-23-2003 90178 009 *****61.25
FILED P97000063495
03 MAY -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11009992

DOCUMENT # P97000063495

1. Entity Name
DISTINCT ADVANTAGE PREMIUM FINANCE, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0771205 ☐ Applied For ☐ Not Applicable

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
FRIEDMAN, GLORIA S 7610 SW 133 ST MIAMI, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: FRIEDMAN, KATRENA B STREET ADDRESS: 2327 MCCLENDON CITY-ST-ZIP: HOUSTON, TX 77030	XX Delete	TITLE: Pres., Secy NAME: Carolynn S. Friedman STREET ADDRESS: 12550 Biscayne Blvd./ #207 CITY-ST-ZIP: Miami, FL 33181	☒ Change ☐ Addition
TITLE: VT NAME: FRIEDMAN, GLORIA S STREET ADDRESS: 7610 SW 133 ST CITY-ST-ZIP: MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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DB 5/2

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: Carol [signature] 4/21/03 305.892.0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #