

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010246

1. Entity Name

N.I.C. PREMIUM FINANCE COMPANY

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90094 040 ***150.00

Principal Place of Business

2121 PONCE DE LEON BLVD.
STE # 500
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.
STE # 500
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

101 ALMERIA AVE

Suite, Apt. #, etc.

101 ALMERIA AVENUE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-6343857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, HILDA F
2121 PONCE DE LEON BLVD.
SUITE 1200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
HILDA F. GUZMAN

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

101 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME PD
STREET ADDRESS RIVERA, CARLOS M
CITY-ST-ZIP 510 MUNOZ RIVERA AVE
HATO REY FL 00918

TITLE ☐ Delete
NAME TD
STREET ADDRESS GUZMAN, HILDA F
CITY-ST-ZIP 2121 PONCE DE LEON BLVD. #1200
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME VD
STREET ADDRESS BENITEZ, MARIA D
CITY-ST-ZIP 510 MUNOZ RIVERA AVE
HATO REY PR 00918

TITLE ☒ Delete
NAME SD
STREET ADDRESS GARCIA, CARLOS
CITY-ST-ZIP 2121 PONCE DE LEON BLVD. #1200
CORAL GABLES FL 33134

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 ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda F. Guzmán

2/5/01

305-445-3181

Date

Daytime Phone #

CR2E034 (10/00)