

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90131 034 \*\*\*158.75

DOCUMENT # P98000090561

1. Entity Name

NATION PREMIUM FINANCE, INC.

Principal Place of Business

2550 SOUTH DIXIE HIGHWAY  
COCONUT GROVE FL 33133

Mailing Address

2550 SOUTH DIXIE HIGHWAY  
COCONUT GROVE FL 33133-3137

2. Principal Place of Business

10691 N. Kendall Dr.

3. Mailing Address

10691 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0921179

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARBOLEYA, CARLOS J JR.  
2550 SOUTH DIXIE HIGHWAY  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Antonio Iglesias

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

12520 Alameda Dr.

City

N. Miami

FL

Zip Code

33181

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]*

Antonio I. Iglesias, President

4/10/00

(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 D ☒ Delete  
NAME IGLESIAS, ANTONIO  
STREET ADDRESS 2500 N.W. 79 AVENUE #204  
CITY-ST-ZIP MIAMI FL 33122

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, V, P, S, T ☒ Change ☐ Addition  
NAME Iglesias, Antonio I.  
STREET ADDRESS 2500 N.W. 79 Avenue #206  
CITY-ST-ZIP Miami, FL 33122

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

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

TITLE ☐ Change ☐ Addition  
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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]*

Antonio Iglesias, P/VP/S/T/D 4/10/00 305-598-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)