

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004622

1. Entity Name

PREMIUM HOLDINGS INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90018 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1450 MADRUGA AVE. STE 305  
 CORAL GABLES FL 33146

1450 MADRUGA AVE. STE 305  
 CORAL GABLES FL 33146-3164

CO

2. Principal Place of Business

12677 S. Dixie Hwy

3. Mailing Address

P.O. Box 162809

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

MIAMI FL

4. FEI Number

65-0976349

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip 331565931

Country USA

Zip 33116-2809

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABER, DENNIS R  
 1450 MADRUGA AVE, STE 305  
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name VAN MARTIN

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

12677 S. Dixie Highway

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.

SIGNATURE

VAN MARTIN

*[Signature]*

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PTD MARTIN, VAN ☐ Delete  
 STREET ADDRESS 1450 MADRUGA AVE, STE 305  
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS 12677 S. Dixie Highway  
 CITY-ST-ZIP MIAMI FL 33156

TITLE NAME VSD MARTIN, HARRIET ☐ Delete  
 STREET ADDRESS 1450 MADRUGA AVE, STE 305  
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS 12677 S. Dixie Highway  
 CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
 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]*

4/27/00

305 235-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)