

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-05-2003 90249 001 \*\*\*317.50

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

DOCUMENT # P99000004622

1. Entity Name  
PREMIUM HOLDINGS INC.



Principal Place of Business  
12677 S DIXIE HWY  
MIAMI FL 33156

Mailing Address  
PO BOX 162809  
MIAMI FL 33116

55010350



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0976349

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

MARTIN, VAN  
12677 S DIXIE HWY  
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 \_\_\_\_\_ (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	PTD	<input type="checkbox"/> Delete
NAME	MARTIN, VAN	
STREET ADDRESS	12677 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARTIN, HARRIET	
STREET ADDRESS	12677 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

305 235 2625

2/19/03

CR2E034 (10/02)