

2000 UNIFORM BUSINESS REPORT (UBR)

0206634

DOCUMENT # P99000050742

1. Entity Name

PREMIUM MARKETING AND SALES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 2:24

Principal Place of Business 2355 SALZEDO STREET SUITE 302 CORAL GABLES FL 33134	Mailing Address 2355 SALZEDO STREET SUITE 302 CORAL GABLES FL 33134-5061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 CORAL WAY Suite, Apt. #, etc. SUITE # 200 City & State MIAMI, FL Zip 33145	Country US	3. Mailing Address 2300 CORAL WAY Suite, Apt. #, etc. SUITE # 200 City & State MIAMI, FL Zip 33145	Country US
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4. FEI Number 65-0929846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONT, LUIS
THE INGRAHAM BUILDING
25 SE 2ND AVENUE SUITE 1020
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
FLORIDA ANNUAL REPORT SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY
SUITE # 200
City
MIAMI
FL Zip Code
33145

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 AMADA CANTERA LOPEZ, PRES. 4/26/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ROSANA TOLEDO 2355 SALZEDO STREET SUITE 302 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ROXANA TOLEDO 2355 SALZEDO STREET SUITE 302 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003236388-05/03/00-01026-010 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: ROXANA TOLEDO ALVAREZ, DIR. 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #