

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000097727**

1. Entity Name

PREMIER PLUS HEALTH, INC.

Principal Place of Business

5385 W. 20TH AVENUE
HIALEAH FL 33012

Mailing Address

5385 W. 20TH AVENUE
HIALEAH FL 33012

2. Principal Place of Business

1817 S. OCEAN DR.

Suite, Apt. #, etc.

520

3. Mailing Address

P.O. BOX 85011

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

U.S.A.

City & State

HALLANDALE, FL

Zip

33008

Country

U.S.A.

4. FEI Number

65-0960570

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBERENA, FERNANDO A
5385 W. 20TH AVENUE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

BARBERENA, FERNANDO A.

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

1817 S. OCEAN DR.**STE. 520**

City

HALLANDALE**FL**

Zip Code

33009

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

FERNANDO A. BARBERENA, DIRECTOR 03/08/01

(Signature, typed or printed name of registered agent and title 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> Delete
NAME	BARBERENA, FERNANDO A	
STREET ADDRESS	1817 SOUTH OCEAN DR., #520	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL	
STREET ADDRESS	7410 LOCH NESS DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERENA, FERNANDO A.	
STREET ADDRESS	1817 S. OCEAN DR. #520	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBERENA, MARIA A.	
STREET ADDRESS	1817 S. OCEAN DR. #520	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

FERNANDO A. BARBERENA 03/08/01 (954)458-5738

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0092422

CR2E034 (10/00)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90507 025 ***150.00