

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

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90093 002 \*\*\*150.00

**DOCUMENT #** P99000097727

**1. Entity Name**

PREMIER PLUS HEALTH, INC. ✓

**DO NOT WRITE IN THIS SPACE**

973498

**2. Principal Place of Business**

1560 SAWGRASS CORP. PKWY. P.O. BOX 268735

Suite, Apt. #, etc.

4TH FLOOR

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

SUNRISE, FL

**City & State**

WESTON, FL

**Zip**

33323

**Country**

USA

**Zip**

33326

**Country**

USA

**4. FEI Number**

65-0960570

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

**Name**

FERNANDO ANDRES BARBERENA

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

530 PENTA COURT

**City**

WESTON

**FL**

**Zip Code**  
33327

**DO NOT WRITE  
IN THIS SPACE**

**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]*  
Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating)

08/05/2002

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.** ☒  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
FERNANDO ANDRES BARBERENA  
530 PENTA COURT  
WESTON, FL 33327

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVT  
MARIA ALEJANDRA BARBERENA  
530 PENTA COURT  
WESTON, FL 33327

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TITLE**  
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STREET ADDRESS  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO A. BARBERENA 08/05/2002 (954)331-

Date

Daytime Phone #

8111

CR2E034B (12/01)

Attachment  
973497



**PREMIER PLUS HEALTH, INC.**

1560 Sawgrass Corporate Parkway  
Sunrise, FL 33323

(954) 331-8111  
Fax: (954) 331-4601

August 5<sup>th</sup>, 2002

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report (UBR) Year 2002  
Corporation #: P99000097727


Dear Sirs:

Due to the fact that we have moved our business to a new location this year, the 2002 Uniform Business Reports, first and second notices, were not received. This is in spite of the fact that a forwarding notice was given to the Postal Service.

This is the first time that we have a late filing of our UBR; all previous filings have been made timely. We ask you to please waive the late charges in this instance due to these particular circumstances and our good payment history.

Enclosed is the UBR for year 2002 along with our check for \$ 150.00. Thank you for your understanding and cooperation.

Sincerely,

  
Fernando Barberena  
Director