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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1560 SAWGRASS CORP. PKWY. P.O. BOX 268735			
Suite, Apt. #, etc. 4TH FLOOR		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

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 _____ 08/05/2002

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) ☒

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

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CR2E034B (12/01)

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: _____ FERNANDO A. BARBERENA 08/05/2002 (954)331-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
973497

PREMIER PLUS HEALTH, INC.
1560 Sawgrass Corporate Parkway
Sunrise, FL 33323

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

August 5th, 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 you understanding and cooperation.

Sincerely,

Fernando Barberena
Director