

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90048 029 \*\*\*150.00

**DOCUMENT # P99000104815**

1. Entity Name

**PREMIUM TRADING OF AMERICA, CORP.**

Principal Place of Business

**9561 AEGEAN DRIVE  
 BOCA RATON FL 33496**

Mailing Address

**9561 AEGEAN DRIVE  
 BOCA RATON FL 33496**



2. Principal Place of Business

**3929 N. FEDERAL HWY**

3. Mailing Address

**3929 N. FEDERAL HWY**

Suite, Apt. #, etc.

**150**

Suite, Apt. #, etc.

**150**

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**65-0963373**

Applied For

☐ Not Applicable

Zip

**33064**

Country

**USA**

Zip

**33064**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
 3929 N. FEDERAL HWY.  
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	PSD ALTIERI, ANTONIO E 9561 AEGEAN DRIVE BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE SEIXAS GOULART, CARLOS G 9561 AEGEAN DRIVE BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONTEMPO, SERGIO G 9561 AEGEAN DRIVE BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT ALTIERI, ANTONIO E 3929 N FEDERAL HWY STE 150 POMPANO BCH, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE SEIXAS GOULART, CARLOS G. 3929 N FEDERAL HWY STE 150 POMPANO BCH, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/15/02**

Date

**954-9149657**

Daytime Phone #

CR2E034 (9/01)