

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107482

1. Entity Name

PREMIUM MEDICAL SERVICE, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90086 012 ***150.00

Principal Place of Business

~~5143 SW 142 PLACE~~
~~MIAMI FL 33175~~

Mailing Address

5143 SW 142 PLACE
MIAMI FL 33175

2. Principal Place of Business

175 Fontainebleau Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite # 1N2

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number 65-0970977

Applied For

Not Applicable

Zip
33175

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RIVAS, CECILIA D~~
~~5143 SW 142 PLACE~~
~~MIAMI FL 33175~~

Name
PIEDAD L. CARBALLO

Street Address (P.O. Box Number is Not Acceptable)
5143 SW 142 Place

MIAMI FL 33175

City MIAMI FL Zip Code 33175

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 *Piedad Carballo* Piedad Carballo, President

4/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~SD~~ ☒ Delete
NAME ~~RIVAS, CECILIA D~~
STREET ADDRESS ~~5143 SW 142 PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33175~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PTD ☐ Delete
NAME CARBALLO, PIEDAD L
STREET ADDRESS 5143 SW 142 PLACE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Piedad Carballo* Piedad Carballo 4/26/0 (305)551-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)