

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90131 002 \*\*\*150.00

**DOCUMENT # S95951**

1. Entity Name  
**M & F PREMIUM FINANCE COMPANY**



Principal Place of Business  
**3401 N.W. 82 AVENUE  
SUITE 100  
MIAMI FL 33122**

Mailing Address  
**3401 N.W. 82 AVENUE  
SUITE 100  
MIAMI FL 33122**

**11029549**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6101 BLUE LAGOON DRIVE**

3. Mailing Address  
**6101 BLUE LAGOON DRIVE**

Suite, Apt. #, etc.  
**200**

Suite, Apt. #, etc.  
**200**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country  
**USA**

Zip  
**33126**

Country  
**USA**

4. FEI Number  
**65-0311832**

Applied For  
☐ Not Applicable

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

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

**TAMAYO, JAIME  
3401 NW 82 AVENUE  
SUITE 100  
MIAMI FL 33122**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6101 BLUE LAGOON DRIVE, SUITE #200**  
City  
**MIAMI FL** Zip Code  
**33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FERNANDEZ-SILVA, JORGE 8041 SW 54 CT MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREYRE, PEDRO A 8541 SW 72ND TERR MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS #301 SAN JUAN PR 00907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATA, FERNANDO NO. 2 CANDIDA STREET SAN JUAN PR <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON 8202 LOS PINOS CIRCLE CORAL GABLES FL 23314-3 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV TAMAYO, JAIME 310 REDWOOD LANE KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV NAVARRO, JORGE J 6101 BLUE LAGOON DR. #200 MIAMI FL 33126 <input type="checkbox"/> Change <input checked="" 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	T PAGAN, JOSE V EDF. MAPFRE, AVE CHARDON #7 HATO REY PR 00918 <input type="checkbox"/> Change <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)