

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/8

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90153 039 \*\*\*150.00

**DOCUMENT # V29581**

1. Entity Name

**FIRST ATLANTIC PREMIUM FINANCE CORP.**

Principal Place of Business

8550 W FLAGLER ST  
121  
MIAMI FL 33144  
US

Mailing Address

8550 W. FLAGLER STREET  
SUITE 121  
MIAMI FL 33144-2037  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0328406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DI BERARDINO, GINESIO  
8130 S.W. 10TH TERRACE  
MIAMI FL

7. Name and Address of New Registered Agent

Name Delia D. Berardino - Sanchez  
Street Address (P.O. Box Number is Not Acceptable)  
431 SW 82nd Ave.  
City Miami FL Zip Code 33144

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	SANCHEZ, DELIA	
STREET ADDRESS	8625 NW 8 STREET, APT. 305	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DI BERARDINO, GINESIO	
STREET ADDRESS	431 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelina Di Berardino	
STREET ADDRESS	431 S.W. 82 Ave.	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Delia D. Berardino - Sanchez 1-26-00 (95)222-54