

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29581

1. Entity Name

FIRST ATLANTIC PREMIUM FINANCE CORP.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90096 032 \*\*\*150.00

0179848

Principal Place of Business Mailing Address  
8550 W FLAGLER ST 8550 W. FLAGLER STREET  
121 SUITE 121  
MIAMI FL 33144 MIAMI FL 33144  
US US

00004303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address 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  
431 SW 82ND AVE.  
MIAMI FL 33144

7. Name and Address of New Registered Agent  
Name Delia Di Bernardino-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. ☐ 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                      | PSTD                       | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | SANCHEZ, DELIA             |  | NAME  |                         |   |
| STREET ADDRESS             | 8625 NW 8 STREET, APT. 305 |  | STREET ADDRESS  |                         |   |
| CITY-ST-ZIP                | MIAMI FL 33126             |  | CITY-ST-ZIP   |                         |   |
| TITLE                      | VPD                        | <input checked="" type="checkbox"/> Delete | TITLE   | Vice-President-Director | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DI BERARDINO, GINESIO      |  | NAME  | Angelina Di Bernardino  |   |
| STREET ADDRESS             | 431 SW 82ND AVE            |  | STREET ADDRESS  | 431 SW 82 AVE           |   |
| CITY-ST-ZIP                | MIAMI FL 33144             |  | CITY-ST-ZIP   | Miami FL 33144          |   |
| TITLE                      |                            | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                            |  | NAME  |                         |   |
| STREET ADDRESS             |                            |  | STREET ADDRESS  |                         |   |
| CITY-ST-ZIP                |                            |  | CITY-ST-ZIP   |                         |   |
| TITLE                      |                            | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                            |  | NAME  |                         |   |
| STREET ADDRESS             |                            |  | STREET ADDRESS  |                         |   |
| CITY-ST-ZIP                |                            |  | CITY-ST-ZIP   |                         |   |
| TITLE                      |                            | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                            |  | NAME  |                         |   |
| STREET ADDRESS             |                            |  | STREET ADDRESS  |                         |   |
| CITY-ST-ZIP                |                            |  | CITY-ST-ZIP   |                         |   |
| TITLE                      |                            | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                            |  | NAME  |                         |   |
| STREET ADDRESS             |                            |  | STREET ADDRESS  |                         |   |
| CITY-ST-ZIP                |                            |  | 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 an other like empowered.

SIGNATURE: Delia Di Bernardino-Sanchez 1/8/01 305-227-5444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)