FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90033 038 ***150.00

822253

DOCUMENT # V46596

1. Entity Name: Premium Mortgage & Investments Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
301 Almeria Ave.		301 Almeria Ave.	
Suite, Apt. #, etc.: #260		Suite, Apt. #, etc.: #260	
City & State: Coral Gables, FL		City & State: Coral Gables,	
Zip: 33134	Country: U.S.A.	Zip: FL	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0343775 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Virginia Valdes

Street Address (P.O. Box Number is Not Acceptable): 5255 Collins Ave Apt. 5E

City: Miami Beach, FL Zip Code: 33140

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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	President / Miguel A. Valdes / 5255 Collins Ave. Apt. 5E / Miami Beach, FL 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Virginia Valdes / 5255 Collins Ave. Apt. 5E / Miami Beach, FL 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/02 Daytime Phone: 305-461-2006

CR2E034B (12/01)