FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90033 038 ***150.00

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DOCUMENT # V46596 ✓

1. Entity Name

Premium Mortgage & Investments Inc.

DO NOT WRITE IN THIS SPACE

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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.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Secretary Virginia Valdes 5255 Collins Ave. Apt. 5E Miami Beach, FL 3340
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CR2E034B (12/01)

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: _____ 1/31/02 305-461-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #