

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56265

1. Entity Name

FLORIDA E-Z PREMIUM FINANCE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90090 023 ***150.00

Principal Place of Business

Mailing Address

2700 W ATLANTIC BLVD
SUITE 204
POMPANO BEACH FL 33069
US

P O BOX 773430
CORAL SPRINGS FL 33077-3430
US

824028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0347552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATT, DAVID

10601 N KENDALL DR SUITE 217
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME PLATT, DAVID
STREET ADDRESS 10601 N KENDALL DR SUITE 304
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE VSD
NAME KING, IRIS
STREET ADDRESS 10601 N KENDALL DR SUITE 304
CITY-ST-ZIP MIAMI FL 33176

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CITY-ST-ZIP

☐ Change ☐ Addition

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: IRIS KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

954-426-6571

Daytime Phone #

CR2E034 (9/99)