2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 08:00 AM DOCUMENT # V61309 1. Entity Name **Secretary of State** QUANTUM PREMIUM FINANCE CORPORATION Principal Place of Business Mailing Address 8600 PINES BLVD 110 SE SIXTH ST PEMBROKE PINES FT LAUDERDALE FL FL 33024 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0362902 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition GRAHAM KEN NAME STREET ADDRESS 110 SE 6TH ST, 20TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HODGEN BRAD STREET ADDRESS 110 SE 6TH ST, 20TH FL STREET ADDRESS CITY-ST-ZIF FT LAUDERDALE FL. 33301 CITY-ST-718 TITLE ☐ Delete TILE CFOV X Change ☐ Addition NAME REESE DONALD NAME DONALD STREET ADDRESS 110 SE 6TH ST, 20TH FL 110 SE 6TH ST, 20TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT LAUDERDALE 33301 TITLE PCEO ☐ Defete TITLE X Change ☐ Addition NAME MAROONE MICHAEL NAME BOURHIS MARC L STREET ADDRESS 110 SE 6TH ST, 20TH FL STREET ADDRESS 110 SE 6TH ST, 20TH FL CITY-ST-ZIP FT LAUDERDALE FT LAUDERDALE 33301 CITY-ST-ZIP FL. 33301 FL. TITLE DVS TITLE ☐ Delete X Change ☐ Addition NAME COLE JAMES FERRANDO JONATHAN 110 SE 6TH ST, 20TH FL 110 SE 6TH ST, 20TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 FT LAUDERDALE FL33301 CITY-ST-ZIP TITLE PD D ☐ Delete TITLE ☐ Addition Change NAME HAWKINS THOMAS MAROONE MICHAEL NAME STREET ADDRESS 110 SE 6TH ST, 20TH FL 110 SE 6TH ST, 20TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE 33301 FT LAUDERDALE CITY-ST-7/2 33301

FILED

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.

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