

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69995

1. Entity Name

CONTINENTAL PREMIUM FINANCE CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 044 ***150.00

Principal Place of Business

Mailing Address

2600 S W 3RD AVE
STE 710
MIAMI FL 33129
US

P.O. BOX 693760
MIAMI FL 33269-0760
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0363536

Applied For

Not Applicable

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

COHEN, LEWIS R
1399 S W 1ST AVE
UNITED NATIONAL BANK BUILDING
MIAMI FL 33130

Name PAUL FRAYND
Street Address (P.O. Box Number is Not Acceptable)
560 NW 105 ST RD
City Miami FL Zip Code 33169

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 PD
NAME FRAYND, PAUL
STREET ADDRESS 2600 S W 3RD AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME FRAYND, SAUL
STREET ADDRESS 2600 S W 3RD AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ~~VPD~~
NAME ~~JORGE MESA~~
STREET ADDRESS 2600 S W 3RD AVE
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305)945-9200 x2397

Date

Daytime Phone #

CR2E034 (9/99)