2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$95566 May 18, 2000 8:00 am 1. Entity Name **Secretary of State** PREFERRED MERCHANTS, INC. 05-18-2000 90843 033 ***150.00 Mailing Address Principal Place of Business 290 N W 165TH STREET 290 N W 165TH STREET PENTHOUSE 2 PENTHOUSE 2 MIAMI FL 33169-6457 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0299595 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TIMS, G. CRAIG Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165TH STREET **PENTHOUSE 2 MIAMI FL 33169** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE SAID HADPAD TIMS, CRAIG G NAME NAME 5060 Coilmas Ave 5635 SW 164TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCh, Fl CITY-ST-ZIP DAVIE FL Change **VPS** TITLE TITLE ☐ Delete TIMS, MARIA TERRESIT A NAME NAME STREET ADDRESS 5635 SW 164TH TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAVIE FL Change ☐ Addition TITLE One-☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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