

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

0617743
AT

DOCUMENT # F00000002262



1. Entity Name
PREFERRED COMPENSATION CORPORATION

03-07-2003 90387 001 *****8.75
03-07-2003 90387 002 ***150.00

55014681



☒ **CHECK HERE IF MAKING CHANGES**

Principal Place of Business
150 EAST 58TH STREET, 18TH FLOOR
NEW YORK NY 10155-0002

Mailing Address
150 EAST 58TH STREET, 18TH FLOOR
NEW YORK NY 10155-0002

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 **13-2967078**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

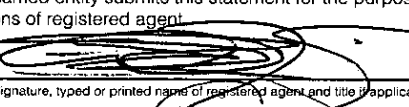
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUMPUY, FRANK
814 PONCE DE LEON BLVD., STE 402
CORAL GABLES FL 33134

Name
LUMPUY, FRANK
Street Address (P.O. Box Number is Not Acceptable)
1 So. East Third Avenue
Suite 960
City **Miami FL 33131** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **(NOTE: Registered Agent signature required when reinstating)** **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME CASILLAS, ARCADIO STREET ADDRESS 150 EAST 58TH STREET, 18TH FLOOR CITY-ST-ZIP NEW YORK NY 10155-0002	<input type="checkbox"/> Delete
TITLE V NAME CAMPBELL, BONITTA P STREET ADDRESS 150 EAST 58TH STREET, 18TH FLOOR CITY-ST-ZIP NEW YORK NY 10155-0002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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** **March 7 2/1/03 212-486-5300** **Date** **Daytime Phone #**

CR2E034 (10/02)