

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90071 001 \*\*\*550.00

0033196 AV

**DOCUMENT # F02000005539**

1. Entity Name

**PREFERRED RESOURCES INTERNATIONAL, INC.**



Principal Place of Business

**11945 ROYAL PALM BLVD STE. 202  
CORAL SPRINGS FL 33065**

Mailing Address

**11945 ROYAL PALM BLVD STE. 202  
CORAL SPRINGS FL 33065**

2. Principal Place of Business

**12761 NW 75<sup>th</sup> St**  
Suite, Apt. #, etc.

3. Mailing Address

**12761 NW 75<sup>th</sup> St**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Parkland FL**

City & State

**Parkland FL**

4. FEI Number

**54-1647173**

Applied For

Not Applicable

Zip

**33076**

Country

**Broward**

Zip

**33076**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PLUSHKO, VALENTIN  
11945 ROYAL PALM BLVD STE. 202  
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>CPT</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>PLUSHKO, VALENTIN</b>              |                                 |
| STREET ADDRESS | <b>11945 ROYAL PALM BLVD STE. 202</b> |                                 |
| CITY-ST-ZIP    | <b>CORAL SPRINGS FL 33065</b>         |                                 |
| TITLE          | <b>S</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>GALLAGHER, JEFFREY M</b>           |                                 |
| STREET ADDRESS | <b>800 EAST LEIGH ST STE. 18</b>      |                                 |
| CITY-ST-ZIP    | <b>RICHMOND VA 23219</b>              |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07.24.03 954.575-8631**

Date

Daytime Phone #

CR2E034 (4/03)