

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90090 035 ***150.00

DOCUMENT # F96000002846

1. Entity Name
PREFERRED HAWAIIAN, INC.

Principal Place of Business

6900 E 2ND ST
 SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST
 SCOTTSDALE AZ 85251

2. Principal Place of Business

209 Phipps Plaza
 Suite, Apt. #, etc.

3. Mailing Address

209 Phipps Plaza
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

Palm Beach, FL

4. FEI Number **93-1209218**

Applied For

Not Applicable

Zip
 33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

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, 2001 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

TITLE DCDP ☒ Delete
 NAME GROGAN, JAMES
 STREET ADDRESS 6900 E. 2ND ST
 CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE V ☒ Delete
 NAME POER, PAUL
 STREET ADDRESS 6900 E. 2ND ST.
 CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ST ☒ Delete
 NAME KIRSCH, RANDALL
 STREET ADDRESS 6900 E. 2ND ST.
 CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, President ☐ Change ☒ Addition
 NAME A. David Kosoy
 STREET ADDRESS 209 Phipps Plaza
 CITY-ST-ZIP Palm Beach FL, 33480

TITLE Vice-President ☐ Change ☒ Addition
 NAME Brian Kosoy
 STREET ADDRESS 209 Phipps Plaza
 CITY-ST-ZIP Palm Beach, FL, 33480

TITLE Secretary, Treasurer ☐ Change ☒ Addition
 NAME David J. Shreeve
 STREET ADDRESS 209 Phipps Plaza
 CITY-ST-ZIP Palm Beach, FL, 33480

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

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

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

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: David J. Shreeve S/T David J. Shreeve 2/28/01 (561)835-1810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)