

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90180 001 ***300.00

DOCUMENT # K04014

1. Entity Name

PREFERRED REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

% SAMUEL J. CANTOR
 3885 ST JAMES WAY
 BOCA RATON FL 33434

% SAMUEL J. CANTOR
 3885 ST JAMES WAY
 BOCA RATON FL 33434-3376

2. Principal Place of Business

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State
 Boca Raton, FL

Zip
 33487

Country
 USA

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State
 Boca Raton, FL

Zip
 33487

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0019465**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J.
 3885 ST JAMES WAY
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name
Cantor, Samuel J.
 Street Address (P.O. Box Number is Not Acceptable)
 6700 Broken Sound Parkway NW
 Suite 200
 City Boca Raton FL Zip Code 33487

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

Samuel J. Cantor
 Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

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

TITLE **VD**
 NAME **CANTOR, SAMUEL J.**
 STREET ADDRESS **3885 ST JAMES WAY**
 CITY-ST-ZIP **BOCA RATON FL**

Delete

TITLE **PDS**
 NAME **CANTOR, LOUIS S.**
 STREET ADDRESS **7131 HIALEAH LANE**
 CITY-ST-ZIP **PARKLAND FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Change Addition

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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 reports 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 another like empowered.

SIGNATURE:

Louis S. Cantor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis S. Cantor

3/14/00

561-982-9555

Date

Daytime Phone #

CR2E034 (9/97)