

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90064 039 ***150.00

0182192

DOCUMENT # M46116

1. Entity Name

PREFER CORPORATION

Principal Place of Business

Mailing Address

**6187 OVERSEAS HIGHWAY
 MARATHON FL 33050
 US**

**POST OFFICE BOX 510028
 KEY COLONY BEACH FL 33051-0028
 US**

00003462



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

**FERIA, MANUEL PEREZ
 9440 SW 55 ST
 MIAMI FL 33165**

Name

Street Address (PO 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

Manuel Perez

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

(NOTE: Registered Agent's signature required when re-issuing)

Date

1/8/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTS	FERIA, MANUEL PEREZ	PO BOX 510028 N/A KEY COLONY BEACH FL				
	D	FERIA, MANUEL PEREZ	PO BOX 510028 N/A KEY COLONY BEACH FL				
	VD	FERIA, ADDY PEREZ	PO BOX 510028 N/A KEY COLONY BEACH FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Manuel Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

305-743-0157