2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2001 8:00 am Secretary of State **DOCUMENT # M46116** 1. Entity Name PREFER CORPORATION 01-18-2001 90008 050 ***150.00 Principal Place of Business Mailing Address 6187 OVERSEAS HIGHWAY POST OFFICE BOX 510028 MARATHON FL 33050 KEY COLONY BEACH FL 33051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --- -- --Name: FERIA, MANUEL PEREZ Street Address (P.O. Box Number is Not Acceptable) 9440 SW 55 ST MIAMI FL 33165 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Addition TITLE 🚊 🔲 Delete TITLE ☐ Change FERIA, MANUEL PEREZ NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 510028 N/A CITY-ST-ZIP KEY COLONY BEACH FL CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME FERIA, MANUEL PEREZ NAME STREET ADDRESS STREET ADDRESS PO BOX 510028 N/A CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL TITLE TITLE Change ☐ Delete Addition NAME FERIA, ADDY PEREZ NAME STREET ADDRESS STREET ADDRESS PO-BOX-510028 N/A CITY-ST-7IP CITY-ST-ZIP KEY COLONY BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 angless, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

301-743-0154

☐ Change

☐ Addition