

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013564

1. Entity Name
PRECIOUS HOME MANAGEMENT SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90175 026 ***150.00

0160736

Principal Place of Business
1200 ANASTASIA AVENUE
SUITE 300
CORAL GABLES FL 33134

Mailing Address
1200 ANASTASIA AVENUE
SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business
19431 Northeast 18th Place
Suite, Apt. #, etc.

3. Mailing Address
19431 Northeast 18th Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
North Miami Beach, FL 33179
Zip Country

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North Miami Beach, FL 33179
Zip Country

4. FEI Number
05-0984742
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE
SUITE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Jauregui JULIE
Street Address (P.O. Box Number is Not Acceptable)
19431 Northeast 18th Place
City
North Miami Beach FL 33179

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 **Jauregui** **Julie Jauregui, President** **01/22/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD JAUREGUI, JULIE 19431 NORTHEAST 18TH PLACE N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Jauregui** **Julie Jauregui** **01/22/01** **(305) 573-7825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)