

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073118

1. Entity Name
PREFERRED EXCHANGE MANAGEMENT CO.

Principal Place of Business
3111 NORTH UNIVERSITY DRIVE #431
1020
CORAL SPRINGS FL 33065

Mailing Address
3111 NORTH UNIVERSITY DRIVE #431
1020
CORAL SPRINGS FL 33065

FILED
02 FEB 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1032291

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BALDOVIN, SARAGA & LIPSHY, P.A.
ATTN: ROBERT S. SARAGA, ESQ.
201 N.E. 1ST AVENUE
DELRAY BEACH FL 33444

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, 2002 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 D ☐ Delete
NAME SPENO, THOMAS R
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME #1020
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEBER, THOMAS P
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME #1020
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PAUL, JORDAN C
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME #1020
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MCCLORY, VALERIE
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 0000005039630-8
STREET ADDRESS -03/04/02--01015--002
CITY-ST-ZIP ****350.00 ****150.00

TITLE ☐ Delete
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:

Thomas P. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 954 340-0120

CR2E034 (9/01)

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