

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000073120**

1. Entity Name

**PREFERRED CORPORATE SUITES, INC.**

FILED

01 SEP 28 PM 3:37

Principal Place of Business

3111 NORTH UNIVERSITY DRIVE #431  
CORAL SPRINGS FL 33065

Mailing Address

3111 NORTH UNIVERSITY DRIVE #431  
CORAL SPRINGS FL 33065SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1020

Suite, Apt. #, etc.

1020

City &amp; State

City &amp; State

4. FEI Number

65-1032297

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

BALDOVIN, SARAGA & LIPSHY, P.A.  
ATTN: ROBERT S. SARAGA, ESQ.  
201 N.E. 1ST AVENUE  
DELRAY BEACH FL 33444Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 D ☐ Delete  
NAME SPENO, THOMAS R  
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE D ☐ Delete  
NAME WEBER, THOMAS P  
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE D ☐ Delete  
NAME PAUL, JORDAN C  
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE SD ☐ Delete  
NAME MCCLORY, VALERIE  
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE #431  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)