

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0140844

**DOCUMENT # P00000095382**

1. Entity Name

**PREFERRED MEDICAL BILLING & COLLECTION SERVICE,**

03-09-2001 90502 018 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 163851  
 MIAMI FL 33116

P.O. BOX 163851  
 MIAMI FL 33116

2. Principal Place of Business

3. Mailing Address

9745 SW 72 St

P.O. Box 163851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#216

City & State  
 Miami - FL

City & State  
 Miami - FL

Zip  
 33173

Country

Zip  
 33116

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956523

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

PRIETO, JOSE G  
 13764-3 SW 149TH CIRCLE LANE  
 MIAMI FL 33186

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	PRIETO, JOSE G	13764-3 SW 149TH CR. LN	MIAMI FL 33186				
VD	DEL AMO, ESTHER	13764-3 SW 149TH CR. LN	MIAMI FL 33186				

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:

Esther Del Amo Vice-President

3/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)