

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050677

1. Entity Name

PREFERRED CLAIMS SERVICES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90062 043 \*\*\*150.00

Principal Place of Business

1230 SW 85 TERR  
PEMBROKE PINES FL 33025  
US

Mailing Address

1689 NORTH HIATUS ROAD  
SUITE 214  
PEMBROKE PINES FL 33026-2129

2. Principal Place of Business

1230 SW 85 Terr  
Suite, Apt. #, etc.  
Pemb Pines FL  
City & State

3. Mailing Address

1689 N Hiatus Rd  
Suite, Apt. #, etc.  
4214  
City & State  
Pembroke Pines FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0428664

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

HERNANDEZ, ANTHONY  
1230 S.W. 85TH TERRACE  
PEMBROKE PINES FL 33025

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ANTHONY J	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, TERI L	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	S...	<input type="checkbox"/> Delete
NAME	HERNANDEZ, TERI	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMB PINES FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ANTHONY	
STREET ADDRESS	1230 SW 85 TERR	
CITY-ST-ZIP	PEMB PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNANDEZ, ANTHONY J - Pres

Date

Daytime Phone #

CR2E034 (9/99)