

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90024 028 ***150.00

DOCUMENT # P93000050677

1. Entity Name
PREFERRED CLAIMS SERVICES, INC.

Principal Place of Business

**1230 SW 85 TERR
 PEMBROKE PINES FL 33025
 US**

Mailing Address

**1685 NORTH HIATUS ROAD
 SUITE 214
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

1230 SW 85 Terr
 Suite, Apt. #, etc.

3. Mailing Address

1685 N Hiatus Rd
 Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33025

Country

Broward

City & State

Pembroke Pines, FL

Zip

33026

Country

Broward

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, 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 **FP** ☐ Delete
NAME **HERNANDEZ, ANTHONY J**
STREET ADDRESS **1230 SW 85 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE **VP** ☐ Delete
NAME **HERNANDEZ, TERI L**
STREET ADDRESS **1230 SW 85 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE **S** ☐ Delete
NAME **HERNANDEZ, TERI**
STREET ADDRESS **1230 SW 85 TERR**
CITY-ST-ZIP **PEMB PINES FL 33025**

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

TITLE **T** ☐ Delete
NAME **HERNANDEZ, ANTHONY**
STREET ADDRESS **1230 SW 85 TERR**
CITY-ST-ZIP **PEMB PINES FL 33025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21502 954-450-8489

CR2E034 (9/01)