2003 FOR PROFIT CORPORATION

Mailing Address 1689 NORTH HIATUS ROAD

-- UNIFORM BUSINESS REPORT (UBR) P93000050677 DOCUMENT

1. Entity Name

Principal Place of Business

1230 SW 85 TERR

PREFERRED CLAIMS SERVICES. INC.





FILED

Sep 08, 2003 8:00 am

Secretary of State

04-17-2003 90616 021 ***150.00

22022013 SUITE 24+ 2-16 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address 313 Su 86 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0428664 Not Applicable Zio Country \$8,75 Additional 5. Certificate of Status Desired ground 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1230 S.W. 85TH TERRACE PEMBROKE PINES FL 33025 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE Change HERNANDEZ, ANTHONY J NAME NAME 1230 SW 85 TERR STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HERNANDEZ, TERI L NAME STREET ADDRESS 1230 SW 85 TERR STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ·NAME HERNANDEZ. TERI NAME STREET ADDRESS 1230 SW 85 TERR STREET ADDRESS CITY-ST-ZIP PEMB PINES FL 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, ANTHONY NAME STREET ADDRESS 1230 SW 85 TERR STREET ADDRESS PEMB PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Addition ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE REC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING DIFFICER OR DIRECTOR

Ala Chmens 55055873 P9300050677

9-4.03 D Whom It May Concern, "lease find the enclosed report. I filed our 2 mailed a check to you for the amount y \$150.00 however in the end of April & recieved the form ni of April a did not Sign it Stated I had to days to sign of nature And because there was a death in my Jamily & of was out of town it was over 10 days I contacted you office of gentlemen there told me to Sign it. return it with a letter. I did so the fill out + el called your office to me For son 4 was told go had not mas why because I did mail 560 o you are requesting.