

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90004 028 ***150.00

DOCUMENT # P96000033717

1. Entity Name
PREFERRED SITES, INC.

Principal Place of Business 3225 AVIATION AVENUE STE 700 COCONUT GROVE FL 33133 US	Mailing Address 3225 AVIATION AVENUE SUITE 700 COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0703539**

Applied For
<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARS, IRWIN S
 3225 AVIATION AVE
 STE 700
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GARS, IRWIN S	
STREET ADDRESS	3225 AVIATION AVE STE 700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LENARD, HOWARD B	
STREET ADDRESS	3225 AVIATION AVE STE 700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIBMAN, BLEEMA	
STREET ADDRESS	300 BAYVIEW DR #816	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SUSSMAN, IRA A	
STREET ADDRESS	3225 AVIATION AVE STE 700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUSSMAN, JOEL	
STREET ADDRESS	3225 AVIATION AVE STE 700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Libman	
STREET ADDRESS	3225 Aviation Ave.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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)* **SIGNATURE REQUIRED** *President* **4/24/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(9/01)