2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P96000048996 DOCUMENT

1. Entity Name

PREINCO CORP



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90785 001 ***150.00 05-05-2003 90785 002 *****8.75

Principal Place of Business 18506 NE 5TH AVE. NORTH MIAMI BEACH FL 33179		Mailing 18506 NORT∺	Mailing Address 18506 NE 5TH AVE. NORTH MIAMI BEACH FL 33179					
2. Principal F	Place of Business	3. Maili	ng Address					0 0 5 0 5
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City &	City & State		4	65-0667132		oplied For ot Applicable
Zip	Country	Zip		Country	5	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of	of Current Registered	d Agent		7	. Name and Address of New Registere	d Agent	
				Name)			
REINER, F 3530 W 5			Street Address		Address (P.O	P.O. Box Number is Not Acceptable)		
HOLLYWO	OD FL				-			
,				City			Zip Coo	е
	e named entity submits this st tions of registered agent.	atement for the purpo	ose of changing its	registered office	or registered	agent, or both, in the State of Florida. I ar	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of rec	sistered agent and title it appli	cable (NOTE	E: Registered Agent sig	nature required whe	n reinstating) DATE	_	
	organization types of printed fluid or reg	January agent and mapping			- Indana Mila		·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
10.	OFFIC	ERS AND DIRECTOR	RS	11.		ADDITIONS CHANGES TO DEFICE DO A	10 DIDEO=00	DIKL44
TITLE	P				,	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	ו ווווכ
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STREET ADDRESS	KEINER, FAUL		Delete		Ţ	ADDITIONS/CHANGES TO OFFICERS AT	Change	
	REINER, PAUL 3530 N 55TH AVE		Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS AT		
CITY-ST-ZIP			□ Delete	TITLE NAME		ADDITIONS/CHANGES TO OFFICERS AT		
	3530 N 55TH AVE		☐ Delete	TITLE NAME STREET ADDRES		ADDITIONS/CHANGES TO OFFICERS A		
CITY-ST-ZIP	3530 N 55TH AVE HOLLYWOOD FL			TITLE NAME STREET ADDRES CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
CITY-ST-ZIP TITLE	3530 N 55TH AVE HOLLYWOOD FL VPS COHEN, JACOB 455 SUNSET DRIVE			TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	s	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	3530 N 55TH AVE HOLLYWOOD FL VPS COHEN, JACOB		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3530 N 55TH AVE HOLLYWOOD FL VPS COHEN, JACOB 455 SUNSET DRIVE			TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	s	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
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12. 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 empewered to execute this 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR