2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90287 004 ***150.00

DOCUMENT # P97000014582

1. Entity Name PREFERRED AUTO ENTERPRISE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9800 N.W. 27 AVE	9800 N.W. 27 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI-FL	City & State: MIAMI-FL
Zip 33147 Country USA	Zip 33147 Country USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name UNZUETA, REYNOLD

Street Address (P.O. Box Number is Not Acceptable) 9800 N.W. 27 AVE

City MIAMI FL Zip Code 33147

DO NOT WRITE IN THIS SPACE

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD UNZUETA, REYNOLD. 9800 N.W. 27 AVE MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] R. UNZUETA 4/22/04 305-691-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #