

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90135 024 ***150.00

DOCUMENT # P97000060881

1. Entity Name
PREFERRED PROPERTIES, INC.

Principal Place of Business 1860 FOREST HILL BLVD SUITE 105 WEST PALM BEACH FL 33406	Mailing Address 1860 FOREST HILL BLVD SUITE 105 WEST PALM BEACH FL 33406
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2. Principal Place of Business 1700 S Ocean Blvd #18A	3. Mailing Address 1700 S Ocean Blvd #18A
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Pompano Beach, FL	City & State Pompano Beach, FL	4. FEI Number 65-0792382	Applied For <input type="checkbox"/> Not Applicable
Zip 33062	Country USA	Zip 33062	Country USA

6. Name and Address of Current Registered Agent GRANTHAM, KIRK 1860 FOREST HILL BLVD SUITE 105 WEST PALM BEACH FL 33406	7. Name and Address of New Registered Agent Name CAROLINE VAN ESS Street Address (P.O. Box Number is Not Acceptable) 1700 S OCEAN BLVD, #18A City POMPANO BEACH FL Zip Code 33062
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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 *Caroline Van Ess* DATE 1/15/01
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, KIRK 1860 FOREST HILL BLVD SUITE 105 WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caroline Van Ess 1700 S Ocean Blvd #18A Pompano Beach, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Caroline Van Ess* DATE 1/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/00)