

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2003 8:00 am  
Secretary of State

02-13-2003 90205 030 \*\*\*150.00

DOCUMENT # **P97000060881**



1. Entity Name  
**PREFERRED PROPERTIES, INC.**

Principal Place of Business  
**1700 S OCEAN BLVD  
SUITE 18A  
LAUDERDALE BY SEA FL 33062**

Mailing Address  
**1700 S OCEAN BLVD  
SUITE 18A  
LAUDERDALE BY SEA FL 33062**

**JUN 20 2003**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0792382**

*SPR*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN ESS, CAROLINE  
1700 S OCEAN BLVD  
SUITE 18A  
LAUDERDALE BY SEA FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Caroline Van Ess* **CAROLINE VAN ESS** *Pres* **1/25/03**  
(SAME AS ABOVE)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

*pd ck # 5026 1/25/03*

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VASN ESS, CAROLINE</b>
STREET ADDRESS	<b>1700 S OCEAN BLVD #18A</b>
CITY-ST-ZIP	<b>LAUDERDALE BY SEA FL 33062</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered 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, with all other like empowered.

SIGNATURE:

*Caroline Van Ess* **REQUIRED** *Pres*

Date

Daytime Phone #

*1/25/03*

*954 788 2424*

CR2E034 (10/02)