## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

8301 NW 197TH STREET MIAMI FL 33015

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

8301 NW 197TH STREET

MIAMI FL 33015



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000019187

PREFERRED MERCHANT TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0823783 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BAIWANT CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 82 4521 PGA BOULEVARD #211 NW PALM BEACH GARDENS FL 33418 83 84 City 85 Zip-Code 33015 MIAMI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change 1.1 TITLE TITI F BALWANT Cheema SAWYER, ROBB NAME 1.2 NAME 197 Street 8301 NW 197TH STREET 8301 NW STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** MIAMI 33015 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change VP 2.1 TITLE ΠŒ Ch BALWANT 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

3-5-99

305-335- 4583

Addition

Daytime Phone #

☐ Change

FILED Mar 22, 1999 8:00 am

**Secretary of State** 

03-22-1999 90061 013 \*\*\*150.00

CR2E034 (11/98)