

2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # P99000068006

1. Entity Name

PREFERRED SERVICES NETWORK, INC.

R

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-31-2000 90009 020 ***150.00

Principal Place of Business

% WESLEY JAMES LASHER
14460 SW 162 STREET
MIAMI FL 33177

Mailing Address

% WESLEY JAMES LASHER
14460 SW 162 STREET
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0939317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASHER, WESLEY J
14460 SW 162 STREET
MIAMI FL 33177

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME LASHER, ANA C
STREET ADDRESS 14460 SW 162 STREET
CITY-ST-ZIP MIAMI FL 33177

TITLE VD ☐ Delete
NAME LASHER, WESLEY J
STREET ADDRESS 14460 SW 162 STREET
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2000

954-335-2033

Date

Daytime Phone #

CR2E034 (5/00)

7/15/2000

To Whom it May Concern,

As instructed by Shawn Enclosed
is the 150.⁰⁰ Uniform Business Report
fee.

We did not receive the first notice.
If we would have we would have
paid the fee at receipt of
notice.

We will anticipate this fee as
our annual budget and corporate
fees due on an annual basis.

Thank You

W. H. H.

Preferred Services Network Inc.