

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91506 034 ***150.00

DOCUMENT # P99000096869

1. Entity Name
"PREFERRED CONTRACTORS OF SOUTH FLORIDA, INC."

Principal Place of Business
2555 COLLINS AVE., STE. 1902
MIAMI BEACH FL 33140

Mailing Address
921 W 46 ST
MIAMI BEACH FL 33140

2. Principal Place of Business
1701 WEST 37th ST.

3. Mailing Address
782 NW 42nd AVE.

Suite, Apt. #, etc.
SUITE # 4

City & State
MIAMI FL

Zip Country
33126 DADE

City & State
MIAMI FL

Zip Country
33126 DADE

City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0956893** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRUCK, ICER P
921 W. 46TH ST.
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name **ICER PALACIO**
 Street Address (P.O. Box Number is Not Acceptable)
782 NW 42nd AVENUE
SUITE # 4
 City **MIAMI** FL Zip Code **33126**

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]* *(ICER PALACIO-DRUCK)* *4/30/02*
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	GARCIA, OSCAR A	
STREET ADDRESS	2555 COLLINS AVE., STE. 1902	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DRUCK, ICER P	
STREET ADDRESS	921 W. 46 ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICER PALACIO	
STREET ADDRESS	782 NW 42 AVE., SUITE # 4	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/30/02 *305/904-9826*
 Date Daytime Phone #

CR2E034 (9/01)

Attachment
Preferred Contractors of South Florida, Inc.

782 N.W. 42nd Avenue, Suite #4 * Miami, FL 33126

Tel: (786)268-2326 Fax: (786)268-1565

7/01/17

April 30, 2002

Department of State
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: Annual Report / UBR
FEIN: 65-0956893

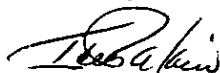
Dear Sir or Madam:

Enclosed please find my check in the amount of \$150.00 as filing fee for the above referenced corporation.

I realize that it is being sent too late to receive by the due date, however please note that this renewal notice was sent to me to the old address. I was out of town and by the time this report reached me, too many days had gone by.

I would greatly appreciate your waiving the late charge for this filing.

Sincerely,



Icer Palacio
Preferred Contractors of South Florida, Inc.
