2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P99000096869

1. Entity Name

"PREFERRED CONTRACTORS OF SOUTH FLORIDA, INC."



FILED May 08, 2003 8:00 am Secretary of State

05-08-2003 90175 029 ***150.00

			V 💥	WE INS			
Principal Place of Business 1701 WEST 37TH ST. UNIT #3 HIALEAH FL 33012		Mailing Address 782 NW 42ND AVE. STE #4 MIAMI FL 33126	782 NW 42ND AVE. STE #4				
2. Principal Pla	ce of Business	3. Mailing Address 1701 WEST	37 ST		I INDIANAN KIN INDIANIS ORIGI ONIK	ERCH ROUD HOUR SHIEF IBIIN N	<u> </u>
Suite, Apt. #, etc.		Suite Apt. #, etc.			CHECK-HERE IF		
City & State		City & State HIALEMY F. L.	HIALEMY F.L		4. FEI Number 65-0956893	Applied For Not Applicable	
Zip	Country	Zip 330/2	Country MINI- D.	PDE	5. Certificate of Status Desired	\$8.75 Addi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
PALACIO, I 782 NW 42 STE 4			Street	ZCER.	PALACIO - DRUCK P.O. Box Number is Not Acceptable) BELLA VISTA AVE		
MIAMI FL			City	RM G	GABLES	FL Zip Code 33/	
	named entity submits this stateme ons of registered agent.	Λ . I	s registered office	or register	ed agent, or both, in the State of For	rida. I am familiar with, a	and accept
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (NO	PACAGO - Z TE: Registered Agent sig	nature required	when reinstating)	DATE	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	.00	· · ·		9. Election Campaign Finance Trust Fund Contribution	n. Added	May Be to Fees
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	☐ Delete	TITLE	SA		Change	☐ Addition
NAME	GARCIA, OSCAR A		NAME	5/1	WEST 46 TE ST.		ļ
STREET ADDRESS CITY-ST-ZIP	2555 COLLINS AVE.,STE.190 MIAMI BEACH FL 33140	2	STREET ADDRES	MIA	HMI BENCH FL 331		
TITLE	STD	☐ Delete	TITLE	SAM		☐ Change	☐ Addition
NAME	DRUCK, ICER P		NAME	SAM	BELLA VISTA AVE.		
STREET ADDRESS	782 NW 42ND AVE. STE 4		STREET ADDRES	S 737	AL GABLES FL 33	1151.	Ì
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	Cor	AL GHOLES FO 3-		−[=] Addition
TITLE		- Delete	TITLE -			Change	Addition
NAME			NAME OTREET ARREST	<u>, </u>			J
STREET ADDRESS			STREET ADDRE	»	·)
CITY-ST-ZIP						(Change	Addition
TITLE		☐ Delete	TITLE NAME	İ		Onungs	
NAME			STREET ADDRE			-	1
STREET ADDRESS			CITY-ST-ZIP	~			ł
CITY-ST-ZIP						☐ Change	Addition
TITLE		☐ Delete	TITLE NAME				
NAME			STREET ADDRE	ss			
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP	 	☐ Delete	TITLE			☐ Change	☐ Addition
TITLE NAME		Delete	NAME]			j
STREET ADDRESS			STREET ADDRE	ss			ļ
CITY-ST-ZIP			CITY-ST-ZIP				
	earlify that the information availage	d with this filing does not qualify:	for the exemption	stated in S	ection 119.07(3)(i), Florida Statutes.	I further certify that the	information
indicated	certify that the information supplied on this report or supplemental repropertion or the receiver or trustee , or on an attachment with an addition	empowered to execute this repo	rt as required by	all have the Chapter 60	same legal effect as if made under 7, Florida Statutes; and that my nam	oath; that I am an office e appears in Block 10 o	r or director ir Block 11 if

TEER PALACIO-BRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR