

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 640039

1. Entity Name

M. S. K. PRECISION PRODUCTS, INC.

Principal Place of Business

4100 NW 10 AVE.
FT. LAUDERDALE FL 33309
US

Mailing Address

4100 NW 10 AVE.
FT. LAUDERDALE FL 33309-4601
US

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 59-1929910

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

BROMFIELD, STEPHEN
4100 NW 10 AVE
FT LAUDERDALE FL 33309

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD
NAME BROMFIELD, STEPHEN
STREET ADDRESS 2747 NE 35 COURT
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VSD
NAME Bromfield, Stephen
STREET ADDRESS } no change in address
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME BROMFIELD, DONNA
STREET ADDRESS 2747 N.E 35 COURT
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE TD
NAME TARLOW, CAROLYN
STREET ADDRESS 2650 NE 11 ST
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE TD
NAME Goldberg, Carolyn
STREET ADDRESS 2650 NE 11 ST
CITY-ST-ZIP Pompano Beach FL 33062 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME President
STREET ADDRESS Ronald May
CITY-ST-ZIP 4100 NW 10 Ave
Fort Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Vice-President
STREET ADDRESS Colin VanRooyen
CITY-ST-ZIP 4100 NW 10 Ave
Fort Lauderdale FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 954 776-0770

CR2E034 (9/99)