

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90026 035 \*\*\*150.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1929910**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **TARLOW, CAROLYN**  
 STREET ADDRESS **2850 NE 11 ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **TD**  Change  Addition  
 NAME **Goldberg, Carolyn**  
 STREET ADDRESS **2450 NE 11 ST.**  
 CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)*  
**CAROLYN GOLDBERG**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/13/00**

Daytime Phone # **954 776-0770**

CR2E034 (9/99)