

**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P93000033041

1. Entity Name

Precision Delivery Systems, Inc.

03 JAN 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3455 NW 54th Street
Suite, Apt. #, etc.

3. Mailing Address
3455 NW 54th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
650405938

Applied For
Not Applicable

Zip
33142

Country
USA

Zip
33142

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Fischer

Street Address (P.O. Box Number is Not Acceptable)

3455 NW 54th Street

City
Miami

FL Zip Code
33142

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

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

Robert Fischer

1/08/03

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/O Andrew Blank 3455 NW 54th Street, Miami, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Robert Fischer 3455 NW 54th Street, Miami, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President RAMON CAMPOS 3455 NW 54th Street, Miami, FL 33142
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200010132162
01/15/03-01054-007 *\$150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Andrew Blank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Blank

1/08/03

(305) 633-8587

Date

Daytime Phone #

GREEN45 (12/01)

28 1116