

DOCUMENT # P99000050787

1. Entity Name

PRECISION ELECTRONICS BY FLA. STATE TECHNICAL SE

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FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90152 043 ***150.00

Principal Place of Business

2461 N.E. 196TH ST.
NORTH MIAMI BEACH FL 33180

Mailing Address

2461 N.E. 196TH ST.
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

3. Mailing Address

P.O. Box 15910

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FLA.

4. FEI Number

65-0928007

Applied For
Not Applicable

Zip

Country

Zip

33318

Country

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

LARK, PHILIP
2461 N.E. 196TH ST.
NORTH MIAMI BEACH FL 33180

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LARK, PHILIP	
STREET ADDRESS	2461 N.E. 196TH ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Philip Lark* SIGNATURE REQUIRED

7/12/00

Date

305-628-1422

Daytime Phone #

ATTACHMENT
P99000050787
B0105408

7/12/00

DIVISION OF CORPS.
TALLAHASSEE FL.

REF: UNIFORM BUSINESS REPORT FILING

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION WITH ON OF YOUR REPRESENTATIVES, I AM ENCLOSING THIS LETTER TO NOTE THE FACT I DID NOT RECEIVE MY FIRST NOTICE OF FILING. IT IS MY FIRST YEAR IN BUSINESS AND I AM TRYING TO LEARN AS MUCH AS POSSIBLE AND MAKE A CALENDER OF EVENTS AND RENEWALS. I ALSO HAVE A NEW MAILING ADDRESS AND SOME OF MY MAIL HAS NOT FORWARDED TO MY P.O. BOX. I HAVE MADE A NOTE OF THE NEW MAILING ADDRESS ON THE APPLICATION.

SINCERELY,



PHIL LARK
PRESIDENT