

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 022 ***150.00

DOCUMENT # 433640

1. Entity Name

PRECISION TECHNIQUES, INC.

Principal Place of Business

**4710 NW 15TH AVENUE
FT LAUDERDALE FL 33309**

Mailing Address

**4710 NW 15TH AVENUE
FT LAUDERDALE FL 33309**

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

59-1479474

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

**CASTIGLIA, CARMINE
4710 NW 15TH AVENUE
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 \$550.00
After September 12, 2001 Fee 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 **VD** ☐ Delete
NAME **CASTIGLIA, ANTOINETTE**
STREET ADDRESS **1225 BAYVIEW DR**
CITY-ST-ZIP **FORT LAUDERDALE, FL00000**

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

TITLE **PTD** ☐ Delete
NAME **CASTIGLIA, CARMINE**
STREET ADDRESS **1225 BAYVIEW DR**
CITY-ST-ZIP **FORT LAUDERDALE, FL00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-

772-1145

CR2E034 (5/01)



Attachment

PRECISION TECHNIQUES, INC.

4710 N.W. 15th AVENUE, FT. LAUDERDALE, FLORIDA 33309
(954) 772-1145 • FAX (954) 772-0176 • www.precisiontechniques.com

Div. # 433640 CDD 151179

August 8th. 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Katherine Harris

Enclosed you will find our signed report with a check in the amount of \$150.00.

We do not remember receiving our first notice, however we might have received it. Neither I nor our secretary recall receiving it. I am asking if you can recind the \$400.00 late charge. My husband passed away last year and over the months I have made mistakes. I called in this morning and it was suggested that I send in this check along with a letter of request.

Please consider my request and if you feel I should send in the late charge of \$400.00 please let me know.

Sincerely,

Antoinette G. Castiglia
Antoinette G. Castiglia