2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # F78934** 1. Entity Name 05-15-2001 90106 004 ***158.75 PRECISION DESIGN, INC. Principal Place of Business Mailing Address 12124 SW 131ST AVE. 12124 SW 131ST AVE. MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2198035 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINDER, LOURDES Y. Street Address (P.O. Box Number is Not Acceptable) 9372 CARLYLE AVENUE 1,1798 SW-100 STREET MIAMI-FL-33188 > SURF SIDE 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 2 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Delete TITLE X Change ☐ Addition MARTIN A. DIAZ-YABOR DIAZ, MARTIN A., JR. NAME NAME 11794 SW 100TH ST. STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP MIAMI FL VD **⊠** Change TITLE ☐ Defete TITLE ☐ Addition MARTIN A. DIAZ DIAZ, MARTIN A., SR. NAME NAME STREET ADDRESS STREET ADDRESS 11500 SW 95TH ST. CITY-ST-ZIP CITY-ST-7IP MIAMI FL VIS/T/D STD Change Addition TITLE ☐ Delete TITLE DE DIAZ. LOURDES YABOR NAME NAME STREET ADDRESS 11500 SW 95TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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: Facility John 4 L. LOURDES YABOR DE DIAZ
SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP