

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90030 040 ***150.00

DOCUMENT # G57314

1. Entity Name
PRECISION SOFTWARE DESIGNS, INC.

Principal Place of Business

17071 N.E. 20 AVENUE
 N.MIAMI BCH. FL 33162-0212

Mailing Address

17071 N.E. 20 AVENUE
 N.MIAMI BCH. FL 33162-0212

2. Principal Place of Business

1981 NE 187 Drive
 Suite, Apt. #, etc.

3. Mailing Address

1981 NE 187 Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N. MIAMI BEACH, FL

Zip
33179

Country
USA

City & State
N. MIAMI BEACH, FL

Zip
33179

Country
USA

4. FEI Number **59-2314992**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHESNOFF, JOEL
17071 N.E. 20 AVENUE
N.MIAMI BCH. FL 33162-0212

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1981 NE 187 DRIVE
 City **N. MIAMI BEACH** FL Zip Code **33179**

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 **Joel Chesnoff** **Joel Chesnoff**

3/22/01

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CHESNOFF, JOEL	1981 NE 187TH DR	N MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Joel Chesnoff** **Joel Chesnoff** **3/22/01** **305-753-0704**

CR2E034 (10/00)