

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90182 003 ***150.00

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DOCUMENT # K33242

1. Entity Name
PRECISION TESTING INC



Principal Place of Business
7979 W 28 AVE
HIALEAH FL 33016
US

Mailing Address
P.O. BOX 821693
SOUTH FLORIDA FL 33082-1693
US



2. Principal Place of Business
1580 SAWGRASS CORPORATE

3. Mailing Address

Suite, Apt. #, etc. **PAVWAY**
130

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FL

City & State

4. FEI Number
65-0077450

Applied For
Not Applicable

Zip
33323

Country
U.S.A.

Zip

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

SHAH, SYED S
5220 SW 172 AVE
FORT LAUDERDALE FL 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SYED SHAH**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHAH, SYED S**
STREET ADDRESS **4600 N HIATUS ROAD**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME **SHAH, SYED**
STREET ADDRESS **5220 SW 172 AVE**
CITY-ST-ZIP **S-W-RANCHES FL 33331**

TITLE **V** ☐ Delete
NAME **RIBACHOMEK, EDWARD**
STREET ADDRESS **3585 ATLANTA STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **S** ☐ Delete
NAME **SHAH, SYED S**
STREET ADDRESS **5220 SW 172 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SYED SHAH 04/11/03. (954) 749-6915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)