

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85322

1. Entity Name

PRECISION TECH, INC.

(R)

Principal Place of Business

8500 NW 23TH ST  
PEMBROKE PINES FL 33024

Mailing Address

P.O. BOX 840 726  
PEMBROKE PINES FL 33084-2726

2. Principal Place of Business

8500 N.W. 23TH ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 840 726

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

PEMBROKE PINES FL

City & State

FL 33084-0726

Zip

Country

33024 BROWARD

Zip

Country

33024 BROWARD

4. FEI Number

65-0129851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOBARES, FERNANDO

8500 NW 23TH ST  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

N/A

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

7/30/00

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, 2000 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

DP  
TOBARES, MARIA-LETICIA  
8500 NW 23TH ST  
PEMBROKE PINES FL 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
TOBARES, FERNANDO  
8500 NW 23TH ST  
PEMBROKE PINES FL 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90127 001 \*\*\*\*\*8.75

08-17-2000 90127 002 \*\*\*150.00

08-17-2000 90127 003 \*\*\*\*\*5.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)