

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85322

1. Entity Name
PRECISION TECH, INC. ✓

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

09-13-2001 90004 044 ***563.75

Principal Place of Business

8500 NW 23TH ST
PEMBROKE PINES FL 33024

Mailing Address

P.O. BOX 840726
PEMBROKE PINES FL 33024

2. Principal Place of Business

8500 N.W. 23TH ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 840726
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

Zip
33024

Country
U.S.A.

City & State
PEMBROKE PINES

Zip
840726-33084-0726

4. FEI Number 65-0129851

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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] U.P. 06/30/01
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 \$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 DP
NAME TOBARES, MARIA-LETICIA
STREET ADDRESS 8500 NW 23TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE DVP
NAME TOBARES, FERNANDO
STREET ADDRESS 8500 NW 23TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
N/A

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

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

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TITLE
NAME
STREET ADDRESS
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] U.P. 06/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)