## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Apr 06, 2000 8:00 am Secretary of State **DOCUMENT # M25236** 1. Entity Name PRECISION ENGINEERING & TOOLING CORPORATION 04-06-2000 90059 042 \*\*\*150.00 Principal Place of Business Mailing Address C/O JEAN-PIERRE TANGHE C/O JEAN-PIERRE TANGHE 13701 N.E. 1ST AVENUE 13701 N.E. 1ST AVENUE 00053703MIAMI FL 33161-2721 **MIAMI FL 33161** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2626352 Not Applicable Zip Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANGHE, JEAN-PIERRE Street Address (P.O. Box Number is Not Acceptable) 13701 N.E. 1STS AVENUE MIAMI FL 33161 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change TITLE ☐ Delete TITLE TANGHE, JEAN-PIERRE NAME STREET ADDRESS STREET ADDRESS 13701 NE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change ☐ Addition TITLE TITLE TANGHE, MARGARETHA NAME NAME STREET ADDRESS STREET ADDRESS 13701 NE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL [ ] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

JEAN-PIERRE TANSHE