2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # M25236** PRECISION ENGINEERING & TOOLING CORPORATION 04-24-2001 90024 006 ***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 -184 - F 1914 MIAMI-FL-99161 -MIAMI FL-93181 40 J.P. TANGHE 3. Mailing Address Principal Place of Business 9773 VINEYARD CT Suite, Apt. #, etc. Suite, Apt. #, etc. 9773 VINEYARD CT. DO NOT WRITE IN THIS SPACE Applied For BOCA RATON 4. FEI Number 59-2626352 ŦL. BOCA RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-=7. Name and Address of New Registered Agent. Name TANGHE, JEAN- PIERRE TANGHE, JEAN-PIERRE Street Address (P.O. Box Number is Not Acceptable) 13701 N.E. 1STS AVENUE 9773 VINEYARD COURT -MIAMI FL 33161 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE TITLE ☐ Change TANGHE, JEAN-PIERRE NAME NAME 13701 NE 1ST AVE 9773 VINEYARD CT. STREET ADDRESS STREET ADDRESS MIAMI-FL-CITY-ST-7IP CITY - ST - ZIP BOCA RATON FL. 93428 ☐ Addition TITLE TITLE TANGHE, MARGARETHA NAME NAME 13701 NE 1ST AVE - 9773 VINEYARD CT. STREET ADDRESS STREET ADDRESS BOCA RATON FL. 33428 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.