

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90211 019 \*\*\*150.00

DOCUMENT # P00000028739

1. Entity Name

PRECISION PROPER INC

Principal Place of Business

5387 SW 40 AVE #202  
FT LAUDERDALE FL 33314

Mailing Address

PO BOX 2695  
HALLANDALE FL 33008-2695

2. Principal Place of Business

3029 N. 57<sup>th</sup> DRV.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLA.

City & State

Zip

33021

Country

BROWARD

Zip

Country

4. FEI Number

65-0998302

Applied For

Not Applicable

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

TABIB, BARUCH

5387 SW 40 AVE #202  
FT LAUDERDALE FL 33314

Name

TABIB BARUCH

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

3029 N. 57<sup>th</sup> DRV.

City

HOLLYWOOD

FL

Zip Code

33021

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TABIB, BARUCH  
STREET ADDRESS 5387 SW 40 AVE #202  
CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Delete

TITLE P  
NAME TABIB BARUCH  
STREET ADDRESS 3029 N. 57<sup>th</sup> DRV.  
CITY-ST-ZIP HOLLYWOOD FLA. 33021 ☐ Change ☐ Addition

TITLE VT  
NAME PORTNOY, AVI  
STREET ADDRESS PO BOX 2695  
CITY-ST-ZIP HALLANDALE FL 33008 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

AVI PORTNOY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-2001

Daytime Phone #

954-815-9712  
954-815-9711

CR2E034 (10/00)