

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90028 032 ***150.00

DOCUMENT # P01000035028

1. Entity Name

PRECISION AUDIO PRODUCTS, INC.

Principal Place of Business

**12240 NE 14TH AVE.
 N. MIAMI FL 33161**

Mailing Address

**12240 NE 14TH AVE.
 N. MIAMI FL 33161**

2. Principal Place of Business

101 SW 15th RD

3. Mailing Address

101 SW 15th RD

Suite, Apt. #, etc.

1ST FLOOR

Suite, Apt. #, etc.

1ST FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

4. FEI Number

65-1145566

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS E
 12240 NE 14TH AVE.
 N. MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **MARTINEZ, CARLOS E.**

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

101 SW 15th RD, 1ST FLOOR

City **MIAMI**

FL

Zip Code

33129

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 **CARLOS MARTINEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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, 2002 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 **D** ☐ Delete
 NAME **MARTINEZ, CARLOS E**
 STREET ADDRESS **12240 NE 14TH AVE.**
 CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE **D** ☐ Delete
 NAME **DE MAGALHAES, MARILIA P**
 STREET ADDRESS **12240 NE 14TH AVE.**
 CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTINEZ, CARLOS E**
 STREET ADDRESS **101 SW 15th RD, 1ST FLOOR**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **D** ☒ Change ☐ Addition
 NAME **DE MAGALHAES, MARILIA P.**
 STREET ADDRESS **101 SW 15th RD, 1ST FLOOR**
 CITY-ST-ZIP **MIAMI, FL 33129**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE OF CARLOS MARTINEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

(305) 933-4960
 Daytime Phone #

CR2E034 (9/01)