

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90008 033 \*\*\*150.00

**DOCUMENT # P01000046168**

1. Entity Name  
**PRECIOUS METAL GROUP-FLORIDA, INC.**

Principal Place of Business

**3370 NE 190 STREET  
 SUITE 214  
 MIAMI FL 33180**

Mailing Address

**3370 NE 190 STREET  
 SUITE 214  
 MIAMI FL 33180**

2. Principal Place of Business

**169 E Flagler ST  
 Suite, Apt. #, etc.  
 1534**

3. Mailing Address

**169 E FLAGLER ST.  
 Suite, Apt. #, etc.  
 1534**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1117271**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**MIAMI-DADE**

Zip  
**33131**

Country  
**MIAMI-DADE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ESPINAL, LUZ A  
 3370 NE 190 STREET  
 SUITE 214  
 MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name **RENGIFO HAROLD**

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

**169 E FLAGLER ST**

City **MIAMI**

FL

Zip Code  
**33131**

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 **by Harold Rengifo, PD**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Feb 7, 2002**  
 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 **PTD** ☐ Delete  
 NAME **RENGIFO, HAROLD**  
 STREET ADDRESS **3370 NE 190 STREET, SUITE 214**  
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE **VPSD** ☒ Delete  
 NAME **ESPINAL, LUZ A**  
 STREET ADDRESS **3370 NE 190 STREET, SUITE 214**  
 CITY-ST-ZIP **MIAMI FL 33180**

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 ☐ 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  
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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: **Harold Rengifo, PD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)