

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90265 049 ***150.00

DOCUMENT # P01000064370

1. Entity Name

PRECISION WOODCRAFTERS INC.

Principal Place of Business

**2020 NE 163RD ST #300
 N MIAMI BCH FL 33162**

Mailing Address

**2020 NE 163RD ST #300
 N MIAMI BCH FL 33162**

2. Principal Place of Business

2051 NE 160TH ST

3. Mailing Address

2051 NE 160TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIA BCH FL

City & State

N. MIA BCH FL

4. FEI Number

65-1123602

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, PETER

**2020 NE 163RD ST #300
 N MIAMI BCH FL 33162**

7. Name and Address of New Registered Agent

Name **PETER HERNANDEZ**

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

2051 NE 160TH ST

City

N. MIA BCH

FL

FL

33162

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 **X**

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, 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 **DP** ☐ Delete
 NAME **HERNANDEZ, PETER**
 STREET ADDRESS **2020 NE 163RD ST #300**
 CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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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.P.** ☒ Change ☐ Addition
 NAME **HERNANDEZ, PETER**
 STREET ADDRESS **2051 NE 160TH ST**
 CITY-ST-ZIP **N. MIAMI BCH, FL 33162**

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

TITLE ☐ Change ☐ Addition
 NAME
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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 **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

Daytime Phone #

**305
 949-9646**

CR2E034 (9/01)