2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P01000086361 DOCUMENT # 1. Entity Name E.R. PRECISION TECHNOLOGY, INC. 04-17-2002 90103 025 ***150 Principal Place of Business Mailing Address 15824 SW 82ND STREET 15824 SW 82ND STREET MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address 3075 SW 133CT 13075 SW 133 CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For (35930 11 A MI (/AMs Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required ≤6. ≼Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ERNESTO R Street Address (P.O. Box Number is Not Acceptable) 15824 SW 82ND STREET **MIAMI FL 33193** Zip Code City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete Change ☐ Addition RODRIGUEZ, ERNESTO NAME **15824 SW 82ND STREET** STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition CIFUENTES, EDGARDO NAME NAME 15824 SW 82ND STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Addition ☐ Change CIFUENTES, DAVID NAME NAME STREET ADDRESS **15824 SW 82ND STREET** STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition CIFUENTES, RICHARDO NAME NAME **15824 SW 82ND STREET** STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P Z Date

Davidima Phone #