

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 035 ***158.75

DOCUMENT # P93000020811

1. Entity Name

Precision Exports, Inc.

R

Principal Place of Business "Previous" **Mailing Address**

221 SW. 136 Ave.
Miami FL. 33184

same

2. Principal Place of Business

131 SW. 48 Ave.

3. Mailing Address

131 SW. 48 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0400328

Applied For

Not Applicable

Zip

33134

Country

USA.

Zip

33134

Country

USA

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

Estelles, Maria E.
221 SW. 136 Ave.
Miami, FL. 33184

Name

Estelles, Juan

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

131 SW. 48 Ave.

City

Miami

FL

Zip Code

33134

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

9-6-00

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, 2000 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 P
NAME Estelles, Maria E.
STREET ADDRESS 221 SW. 136 Ave.
CITY-ST-ZIP Miami, FL. 33184
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Estelles, Juan
STREET ADDRESS 131 SW. 48 Ave.
CITY-ST-ZIP Miami, FL. 33134
☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-00 305-632-0063

CR2E034 (9/99)