

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90159 019 ***150.00

DOCUMENT # **P94000005477**

1. Entity Name
PRECISION CONSTRUCTORS, INC

Principal Place of Business Mailing Address
4450 N. JEFFERSON AVE SAME
MIAMI BEACH, FL 3140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

SHAPIRO, BRIAN
4450 N. JEFFERSON AVE
MIAMI BEACH, FL 33140

Name

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

City

FL

Zip Code

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. 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
 MAY 1, 2001
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	☐ Delete
NAME	SHAPIRO, BRIAN	
STREET ADDRESS	4450 N. JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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		

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

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

BRIAN SHAPIRO
PRES.

Date

Daytime Phone #

CR2E034 (11/00)