2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am DOCUMENT # **P94000006425** 1. Entity Name Secretary of State PALM BEACH PRECISION MOLDING CO. 03-28-2000 90061 005 ***150.00 Mailing Address Principal Place of Business 3765 INVESTMENT LANE 3765 INVESTMENT LANE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-1730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0473710 Not Applicable Zip Zip__ - . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVIS, WARREN E. JR. 1201 U.S. HIGHWAY ONE 3765 PUVESTRUT Lane Street Address (P.O. Box Number is Not Acceptable) NORTH PALM-BEACH FL 33400 RIVIERA Beh, FC. 33484 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CDP TITLE ☐ Addition TITLE ☐ Delete AUIS, WARREN E JR AVIS, WARREN E JR NAME NAME 3765 INVESTANT Lane STREET ADDRESS STREET ADDRESS 4201 US HWY ONE SUIT E435 CITY-ST-ZIP CITY-ST-7IP NORTH PALM BEACH FL Change Addition ☐ Delete TITLE TITLE NAME KAH, CARL L.C. I NAME STREET ADDRESS STREET ADDRESS 1640 AUSTRALIAN AVENUE CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL STD ☐ Delete TITLE ☐ Change Addition TITLE NAME MARKS, MYRON M NAME STREET ADDRESS STREET ADDRESS 2847 UNION STREET CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ar

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete