

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011069

1. Entity Name

PRECISION COMPUTER SUPPLY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90050 020 ***150.00

Principal Place of Business

699 NE 167 ST
NORTH MIAMI BEACH FL 33162
US

Mailing Address

699 NE 167 ST
NORHT MIAMI BEACH FL 33162-2402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0551649

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

DEFILLIPO, ANTHONY
17830 NE 10TH AVE
NO MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Intangible

o.

☐

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

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

DEFILLIPO, ANTHONY
17830 N.E. 10TH AVE.
NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
DEFILLIPO, KENNETH
17830 N.E. 10TH AVE.
NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

same agent
mistake in
signing.
sorry.

Anthony Defillipo President

1-14-00

1-14-00

305-770-1580

CR2E034 (9/99)