

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040013

1. Entity Name

PRECISION FLOORING OF BROWARD, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90131 024 ***150.00

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|--|---|
| Principal Place of Business 9321 NW 25TH STREET SUNRISE FL 33322 | Mailing Address 9321 NW 25TH STREET SUNRISE FL 33334-2338 |
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DO NOT WRITE IN THIS SPACE

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|---|---|
| 2. Principal Place of Business 441 NE 48th CT Suite, Apt. #, etc. | 3. Mailing Address 441 NE 48th CT Suite, Apt. #, etc. |
| City & State Ft Lauderdale, FL Zip 33334 | City & State Ft Lauderdale, FL Zip 33334 |
| Country Broward | Country Broward |

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| 4. FEI Number 65-0662551 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MAZZEI, JAIME D 9321 NW 25TH STREET SUNRISE FL 33322 |
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| 7. Name and Address of New Registered Agent Name: JAIME D MAZZEI Street Address (P.O. Box Number is Not Acceptable) 441 NE 48th CT City: Ft Lauderdale FL Zip Code: 33334 |
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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.

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| SIGNATURE: | (NOTE: Registered Agent signature required when reinstating) | DATE: 1-27-00 |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> |
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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAZZEI, JAIME 9321 NW 25TH STREET SUNRISE FL 33322 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAZZEI, JAIME 441 NE 48th CT Ft Lauderdale FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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| SIGNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE: 1-27-00 | DAYTIME PHONE # |
|------------|--|---------------|-----------------|