

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90136 016 ***150.00

DOCUMENT # P96000040013

1. Entity Name
PRECISION FLOORING OF BROWARD, INC.



Principal Place of Business
**441 NE 48TH CT
FORT LAUDERDALE FL 33334**

Mailing Address
**441 NE 48TH CT
FORT LAUDERDALE FL 33334**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2811 NE S3rd Street
Suite, Apt. #, etc.

Mailing Address
2811 NE S3rd Street
Suite, Apt. #, etc.

City & State
Lighthouse Point, FL

City & State
Lighthouse Point FL

4. FEI Number **65-0662551**

Applied For

Not Applicable

Zip
33064

Country
US

Zip
33064

Country
US

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

**MAZZEI, JAIME D
441 NE 48TH CT
FORT LAUDERDALE FL 33334**

Name
Mazzei, Jaime D
Street Address (P.O. Box Number is Not Acceptable)
2811 NE S3rd Street

City **Lighthouse Point** FL Zip Code **33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jaime D Mazzei**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MAZZEI, JAMIE**
STREET ADDRESS **441 NE 48TH CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jaime D Mazzei** **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 (954) 448-3784

Date

Daytime Phone #

CR2E034 (10/02)