

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077406

1. Entity Name

PRECISION CONSTRUCTION, INC.

Principal Place of Business

12350 SW 132 COURT  
SUITE 215  
MIAMI FL 33186

Mailing Address

12350 SW 132 COURT  
SUITE 215  
MIAMI FL 33186

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 16 PM 2:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0710237

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

EGBEBIKE, MICHAEL  
11950 SW 132 AVENUE  
MIAMI FL 33186

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME EGBEBIKE, MICHAEL  
STREET ADDRESS 11950 SW 132 AVENUE  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 500003441515  
CITY-ST-ZIP -10/27/00--01007--023  
\*\*\*\*558.75 \*\*\*\*558.75 ☐ Change ☐ Addition

TITLE  
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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 an address, with all other like empowered.

SIGNATURE:

*Michael Egbebi* MICHAEL EGBEBIKE

8/15/00 (305) 256 6065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (300)