

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087234

1. Entity Name

PRECISION GAS TURBINE CONSULTING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90170 038 ***150.00

Principal Place of Business

5557 W. OAKLAND PARK BLVD.
#328
LAUDERHILL FL 33313

Mailing Address

5557 W. OAKLAND PARK BLVD.
#328
LAUDERHILL FL 33313-1411

2. Principal Place of Business

1921 SW 73rd AVE
Suite, Apt. #, etc.

3. Mailing Address

1921 SW 73rd AVE
Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0785263

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

JOSOWITZ, MICHAEL H
5557 W. OAKLAND PARK BLVD.
#328
LAUDERHILL FL 33313

Name

JOSOWITZ, MICHAEL H.

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

1921 SW 73rd AVE

City

PLANTATION

FL

Zip Code

33317

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSOWITZ, MICHAEL H
CITY-ST-ZIP 5557 W. OAKLAND PARK BLVD., #328
LAUDERHILL FL 33313

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSOWITZ, BRENDA
CITY-ST-ZIP 5557 W. OAKLAND PARK BLVD., #328
LAUDERHILL FL 33313

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99
Date

954-584-9806
Daytime Phone #

CR2E034 (9/99)