

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055735

1. Entity Name

PRECISION SPARES, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 050 ***550.00

Principal Place of Business

99 SW 30 AVENUE #3
MIAMI FL 33135

Mailing Address

99 SW 30 AVENUE #3
MIAMI FL 33135

2. Principal Place of Business

13250 SW 128th Street

3. Mailing Address

13250 SW 128th Street

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. FEI Number

65-0847207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RABELL, GAMALIEL
99 SW 30 AVENUE #3
MIAMI FL 33135

7. Name and Address of New Registered Agent

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]

9-12-00

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

TITLE P ☐ Delete
NAME RABELL, GAMALIEL
STREET ADDRESS 99 SW 30 AVENUE #3
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME RABELL, GAMALIEL
STREET ADDRESS 13250 SW 128th Street Day 107
CITY-ST-ZIP MIAMI FL 33186

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

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

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

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NAME
STREET ADDRESS
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

305-971-0437

Daytime Phone #

CR2E034 (5/00)