FILED May 10, 2000 8:00 am Secretary of State

03-02-2000 90040 036 ***150.00

DOCUMENT # P99000033181

UNITED PRECISION MACHINING, INC.

Principal Place of Business

Mailing Address

14232 82ND ST. N. LOXAHATCHEE FL 33470 2. Principal Place of Business		#14232 82ND ST. N. N. LOXAHATCHEE FL 33470-4378 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0908591 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
NGUYEN, CAROLYN T #14232 82ND ST. N. N. LOXAHATCHEE FL 33470			1423	CAROLYN-NGUYEN Address (P.O. Box Number is No. 1997) 32 82ND STREET NORTH XAHATCHEE FL 33470 FL
SIGNATURE . 9. This corpo	Signature, typed or printerphame of regisfired against variation is eligible to satisfy its Intangible equirement and elects to do so.	and title if applicable. (NOTE	: Registered Agent signature. 1! FEE IS \$150.0 10 Fee will be \$5	Trust Fund Contribution. Added to Fees
11, 1 1 1	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, CAROLYN T #14232 82ND ST. N. N. LOXAHATCHEE FL 33470	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN-NGUYEN Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TUAN-DANG VICE PRESIDENT 14232 82ST N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOAN NGUYEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TIPLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D elete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: