

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039180

1. Entity Name

PRECISION DEVELOPMENT SOLUTIONS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90019 021 ***150.00

Principal Place of Business

Mailing Address

611 N.E. 2 ST., STE. 2
HALLANDALE FL 33309

611 N.E. 2 ST., STE. 2
HALLANDALE FL 33009-3562

2. Principal Place of Business

3. Mailing Address

PMB 284

284

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1749 E Hallandale Bk Blvd

1749 E Hallandale Bk Blvd

City & State

City & State

Hallandale, FL

Hallandale, FL

4. FEI Number

Applied For

x65-0915303

Not Applicable

Zip

Country

Zip

Country

33009

Broward

33009

Broward

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

HARRY, AMY B
15862 E. WIND CIR.
FT. LAUDERDALE FL 33326

Name
Craig Wollin

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

1749 E Hallandale Bk Blvd # 284

City

Hallandale

FL

Zip Code

33009

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

3/13/00

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 D ☐ Delete
NAME FEINBLOOM, HARRY J
STREET ADDRESS 611 N.E. 2 ST., STE. 2
CITY-ST-ZIP HALLANDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME Feinbloom, Harry
STREET ADDRESS PMB 284; 1749 E Hallandale Bk Blvd
CITY-ST-ZIP Hallandale, FL 33009

TITLE D ☐ Delete
NAME WOLLIN, CRAIG R
STREET ADDRESS 611 N.E. 2 ST., STE. 2
CITY-ST-ZIP HALLANDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME Wollin, Craig
STREET ADDRESS PMB 284; 1749 E Hallandale Bk Blvd
CITY-ST-ZIP Hallandale Bk, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/00 954-921-3662

CR2E034 (9/99)