

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90101 021 ***150.00

DOCUMENT # P99000039180

1. Entity Name

PRECISION DEVELOPMENT SOLUTIONS, INC.

Principal Place of Business

**1940 HARRISON STREET
 300
 HOLLYWOOD FL 33020**

Mailing Address

**1940 HARRISON STREET
 300
 HOLLYWOOD FL 33020**

BULL11880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3181 South Ocean Drive

3. Mailing Address

3181 South Ocean Drive

Suite, Apt. #, etc.

#506W

Suite, Apt. #, etc.

#506W

City & State

Hallandale, Florida

City & State

Hallandale, Florida

4. FEI Number

65-0915303

Applied For

Not Applicable

Zip

Country

33009

USA

Zip

Country

33009

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

HORWITZ, WAYNE CPA

3511 WEST COMMERCIAL BLVD

402

HALLANDALE FL 33009

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 \$150.00
After May 1, 2002 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 **1749 E. HALLANDALE BCH BLVD-PMB 284**
 CITY-ST-ZIP **HALLANDALE FL 33309**

TITLE **P/T/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3181 South Ocean Drive #506W**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **D** ☐ Delete
 NAME **WOLLIN, CRAIG R**
 STREET ADDRESS **1749 E. HALLANDALE BCH BLVD-PMB 284**
 CITY-ST-ZIP **HALLANDALE FL 33309**

TITLE **VP/S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **611 Northeast 2nd Street #2**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954 921 3662

Daytime Phone #

CR2E034 (9/01)