2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0089761

DO NOT WRITE IN THIS SPACE

1. Entity Name
PRECISION IMPORTS OF SOUTH FLORIDA, INC.

Principal Place of Business
1940 HARRISON ST, 203
HOLLYWOOD, FL 33020

Mailing Address

2. Principal Place of Business
390 SE 2ND AVE
Suite, Apt. #, etc.
City & State
DELRAY BEACH, FL
Zip 33483 Country USA

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0926316
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ITKIN, SCOTT E.
1940 HARRISON ST 203
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name CERAOLO, CHRISTOPHER
Street Address (P.O. Box Number is Not Acceptable) 390 SE 2D AVE
City DELRAY BEACH FL Zip Code 33483

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 CHRISTOPHER G. CERAOLO [signature] 4.27.00
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

TITLE	D	☐ Delete
NAME	CERAOLO, CHRISTOPHER	
STREET ADDRESS	390 SE 2D AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SP

CR2E034 (9/99)

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: CHRISTOPHER G. CERAOLO [signature] 4.27.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #