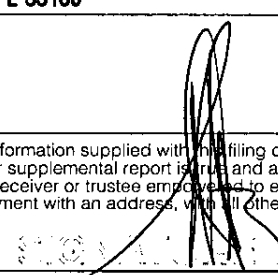


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90517 001 ***450.00

0272342 AV

| | | | |
|---|--|---|--|
| DOCUMENT # P99000083422 | | | |
| 1. Entity Name PRECISION VARIETIES, INC. | | | |
| Principal Place of Business 1430 N.W. 88TH AVENUE MIAMI FL 33172 | | Mailing Address 1430 N.W. 88TH AVENUE MIAMI FL 33172 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | State 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPCIUC, ISRAEL | NAME | |
| STREET ADDRESS | 1430 N.W. 88TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPCIUC, MARCOS | NAME | |
| STREET ADDRESS | 1430 N.W. 88TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPCIUC, YAIR | NAME | |
| STREET ADDRESS | 1430 N.W. 88TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPCIUC, ISAAC | NAME | |
| STREET ADDRESS | 1430 N.W. 88TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEDA, SIMON | NAME | SIMON BEDA |
| STREET ADDRESS | 3867 N.E. 207 ST. TH-3 | STREET ADDRESS | 19407 Presidential Way |
| CITY-ST-ZIP | AVENTURA FL 33180 | CITY-ST-ZIP | N. HIA Bch - FLA 33179 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:  | | SIMON BEDA 3/26/02 305-592-4500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)