2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57665

1. Entity Name

PRECISION ART PRINTING, INC.

Principal Place of Business

Mailing Address

us	US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90067 028 ***150.00

9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAME DIRUBE, JULIO TYPES JULIO TYPE	7923 NW 64 MIAMI FL 33 US	, , , , , , , , , , , , , , , , , , ,									
City & State Country	2. Principal	incipal Place of Business 3. Mailing Address		·				 			
2.0 Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL ZP Code 8. The above name address of the Registered Agent City FL ZP Code 8. The above name address of the Registered Agent of the Registe	City & Sta	te	City & State		4.	4. FEI Number 65-0269946				7	
Some and Address of Current Registered Agent Name Name	-	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Ad	iditional	1	
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7.	Name and Address of New R				┪	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)) /			Name						7	
MIAMI FL 33166 City FL Zip Code 8. The above name dentity submits this statement to the process of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Synthets type of our most search of registered agent agents a registered agent, or both, in the State of Florida. SIGNATURE Synthets type of our most search of registered agent agents are registered agent, or both, in the State of Florida. SIGNATURE Synthets type of our most search of registered agent agents are registered agent, or both, in the State of Florida. SIGNATURE Synthets type of the state of Florida. SIGNATURE Synthets agents agents agents agents agents agents are registered agent, or both, in the State of Florida. SIGNATURE Synthets agents agent	DIRUBE,	JULIO	<u> ئىكى ئۇلىنى</u>	Stroot Add		Day North and a Name				= =	
8. The above narped entity suppoils this statement for the propose of changing lis registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, broke or private name of registered agent and size it applicable. 9. This corporation is eligible to satisfy its Intrangible Tax diling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 F	7923 NW	64 STR		Street Add	ress (P.O. I	Box Number is Not Acceptable	1)			1	
8. The above narped entity suppoils this statement for the propose of changing lis registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, broke or private name of registered agent and size it applicable. 9. This corporation is eligible to satisfy its Intrangible Tax diling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 F	MIAM) FL	33166		-						1	
8. The above name entity supmits this statement to microurpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, syndard printed fragments again and like if supplication. 9. This corporation is eligible to satisfy its intangible Tax filling registered agent signature required when rematicing) 19. This corporation is eligible to satisfy its intangible Tax filling registered agent signature required when rematicing) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DRUBE, JULO 11. TITLE 11. TORIBE, JULO 11. TITLE 11. TORIBE, JULO 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. TITLE 14. TITLE 15. TITLE 16. T				City				Zip Coc	le	-	
Change Addition	SIGNATURE 9. This corpo	Signature, typed or printed name of registered agent or action is eligible to satisfy its Intangible	and title if applicable. (NOTE:	Registered Agent signature re	equired when r	reinstating)	DATE				
TITLE MANAME DIRUBE, JULIO TOPESS TRIBET ADDRESS TOTY-ST-ZIP TITLE MANAME TITLE MANAME TITLE MANAME TITLE MANAME STREET ADDRESS CITY-ST-ZIP TITLE MANAME STREET ADDRES							_				
Delete D	11.	T	DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	1	
STREET ADDRESS OTY-ST-ZIP MIAMI FL 33168 TITLE NAME STREET ADDRESS OTY-ST-ZIP	TITLE		☐ Delete	TITLE				_];	
MIAMI FL 33166 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										1	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAM		MB 4M 1 E 00 100		 	•					-	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition TITLE Addition TITLE Addition TITLE AMAE STREET ADDRESS CITY-ST-ZIP TITLE AMAE TITLE AMAE TITLE TITL			∟ Delete] Change	Addition	Č	
CITY-ST-ZIP CITILE VAME VAME VAME VAME VAME VAME VAME VAM	STREET ADDRESS										
NAME - STREET ADDRESS CITY-ST-ZIP CITILE NAME NAME STREET ADDRESS CITY-ST-ZIP CITILE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		•								
NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE		□ Delete	TITLE				1 Change		1	
CITY-ST-ZIP	NAME -	· · · ·				. .		J Change	Addition.		
TITLE IAME IAME ISTREET ADDRESS CITY-ST-ZIP ITLE IAME IAME IAME IAME IAME IAME IAME IAM	STREET ADDRESS			STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				Change	Addition	İ	
CITY-ST-ZIP CHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME -			NAME				•	_		
TITLE IAME IAME ITREET ADDRESS ITTY-ST-ZIP ITTLE ITTLE INAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE ITTLE ITTLE INAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE ITT				STREET ADDRESS							
NAME STREET ADDRESS SITY-ST-ZIP NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP							
NAME STREET ADDRESS STY-ST-ZIP ITLE AME TREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE				Change	Addition		
CITY-ST-ZIP	NAME			li i				-			
TITLE										ĺ	
NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAINGE Addition NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP						1	
TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete					Change	☐ Addition	ĺ	
ITY-ST-ZIP CITY-ST-ZIP											
011-31-21	í										
	L					<u>.</u>					

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 extrustee employered to execute this report as required by Chapter 207, 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 employered. th all other like elmoovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #