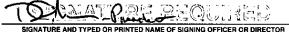
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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am V47514 DOCUMENT # Secretary of State 1. Entity Name 02-28-2002 90117 001 \*\*\*450.00 PRECISION INDUSTRIES (LTD.), INC. Principal Place of Business Mailing Address 1135 N.W. 159 DR. 1135 N.W. 159 DR. 19910 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0346347 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate\_of\_Status\_Desired\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSEN, RICHARD H ESQ Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. **STE 808 MIAMI FL 33281** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLĘ MEADE, JOSEPH F JR. NAME NAME 1135 NW 159TH DR STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP PD ☐ Addition Change TITLE ☐ Delete TITLE MEADE, DAVID NAME NAME 1135 NW 159TH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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:



Daytime Phone #