

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90099 029 ***150.00

DOCUMENT # K59088

1. Entity Name

ASSOCIATED PNEUMATICS, INC.

Principal Place of Business

Mailing Address

15363 SW 54TH STREET
 MIAMI FL 33185
 US

P. O. BOX 771175
 CORAL SPRINGS FL 33077-1175
 US

2. Principal Place of Business

3. Mailing Address

PO Box 771175
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

4. FEI Number

65-0102446

Applied For

Not Applicable

Zip

Country

Zip

Country

33077

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

GARCIA-LINARES, MANUEL A ESQ.
201 S. BISCAYNE BLVD., MIAMI CTR., 10TH FL
MIAMI FL 33131

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D KAPPALMAN, RONALD**
 STREET ADDRESS **P. O. BOX 771175**
 CITY-ST-ZIP **CORAL SPRINGS FL 33077**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KAPPALMAN, RONA**
 STREET ADDRESS **P. O. BOX 771175**
 CITY-ST-ZIP **CORAL SPRINGS FL 33077**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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

Ronald Kappalman
RONALD KAPPALMAN

1/17/00 954-341-9779
 Daytime Phone #

CR2E034 (9/99)