2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045658

1. Entity Name

LAND AIR & SEA TOOL CO.

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90161 047 ***150.00

Principal Place of Business	Mailing Address
7333 SW 63 COURT SOUTH MIAMI FL 33143	7333 SW 63 COURT SOUTH MIAMI FL 33143-4820

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0531555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELD, MAUREEN
9493 NW 49 DORAL LN
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Field, Maureen
Street Address (P.O. Box Number is Not Acceptable) 5760 NW 72 Ave.
City Miami FL Zip Code 33166

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. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELD, PETER 9493 NW 49 DORAL LANE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Field, Peter 5760 NW 72 Ave. Mia, FL 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELD, MAUREEN 9493 NW 49 DORAL LANE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Field, Maureen 5760 NW 72 Ave. Miami, FL 33166	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Maureen Field 4/25/00. 305 592 9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/99)