FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # 247273 1. Entity Name 02-07-2002 90157 025 ***150.00 MASTER TOOL CO., INC. Principal Place of Business Mailing Address 6115 N. W. 153RD STREET 6115 N. W. 153RD STREET MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address -" Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0920725 Not Applicable Zip Country 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 ROOS.PAUL J Street Address (P.O. Box Number is Not Acceptable) 6115 N. W. 153RD ST. MIAMI LAKES FL 33014 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) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROOS, PAUL J NAME NAME 6115 N. W. 153RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP Change TITLE Delete TITLE Addition ROOS, PAUL K. NAME NAME STREET ADDRESS STREET ADDRESS 6115 N.W. 153RD ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Addition TITLE C ☐ Defete TITLE Change NAME GRACY, PHYLLIS NAME STREET ADDRESS 6115 N.W. 153RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like e

SIGNATURE: