

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583675

1. Entity Name
GENERAL TOOL INDUSTRIES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90009 009 ***150.00

643393



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18588 N.E. 2ND AVENUE
N. MIAMI BEACH FL 33179

Mailing Address
18588 N.E. 2ND AVENUE
N. MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1850937

Applied For
Not Applicable

Zip Country

Zip Country

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

Name LITZENBERG WILLY
Street Address (P.O. Box Number is Not Acceptable)
18588 NE 2ND AVENUE
City N. MIAMI BEACH FL Zip Code 33179

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 W. LITZENBERG P. 4-20-01
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, 2001 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 V
NAME LITZENBERG, PIERRE
STREET ADDRESS 18588 NE 2ND AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~BOB~~
NAME ~~LITZENBERG, JACQUELINE~~
STREET ADDRESS ~~18588 N.E. 2ND AVENUE~~
CITY-ST-ZIP ~~N. MIAMI BEACH FL~~

TITLE PDST
NAME LITZENBERG WILLY
STREET ADDRESS 18588 NE 2ND Avenue
CITY-ST-ZIP N. MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: W. LITZENBERG P. 4-20-01 305 652 2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)