

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90033 034 ***150.00

DOCUMENT # 583675

1. Entity Name
GENERAL TOOL INDUSTRIES, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-1850937

Applied For

Not Applicable

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

LITZENBERG, WILLY

~~18588 NE 2ND AVENUE~~ **6631 SW 7th Street**
~~NORTH MIAMI BEACH FL 33179~~ **Pembroke Pines, FL**
33023

Name

Street Address (P.O. Box Number is Not Acceptable)

6631 SW 7th Street

City

Pembroke Pines, FL

FL

Zip Code

33023

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

Willy Litzenberg

Willy LITZENBERG

4-26-02

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, 2002 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** ☐ Delete
NAME **LITZENBERG, PIERRE**
STREET ADDRESS **18588 NE 2ND AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PDST** ☐ Delete
NAME **LITZENBERG, WILLY**
STREET ADDRESS **18588 NE 2ND AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(l), 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:

Willy Litzenberg

Willy LITZENBERG

4-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)