

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90001 011 ***150.00

DOCUMENT # H62100

1. Entity Name
PACE INDUSTRIES, INC.

Principal Place of Business
6720 NW 15TH WAY
FORT LAUDERDALE FL 33309
US

Mailing Address
POST OFFICE BOX 5127
FORT LAUDERDALE FL 33310



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 11-2205248 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

WALDMAN, GLENN J
WALDMAN & FELUREN, P.A.
100 SE THIRD AVE., SUITE 1500
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | DP PILUSO, MICHAEL 6720 NW 15TH WAY FORT LAUDERDALE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PILUSO, LAURA 6720 NW 15TH WAY FT. LAUDERDALE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED

7/25/01 (954) 975-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



July 25, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
Tallahassee, FL 32302-1500



RE: DOCUMENT #H62100

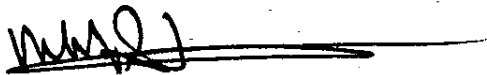
To Whom It May Concern:

To our surprise we received the enclosed form in the mail indicating we are to pay \$550.00 because it is past due when the original fee is only \$150.00. Unfortunately we never received the original form in January. If we had, we would have paid it as we have always done for the past 30 years. Please check your records as we always pay promptly.

I don't believe we should have to be held accountable when we never received the original form and should not be punished with a \$400.00 penalty. Enclosed is our check in the amount of \$150.00, which is the original fee. I hope this will be acceptable as we always pay our bills on time and would have done so had we received the form.

If there is any problem, please contact me at the number below. Thanking you in advance for your cooperation in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Michael S. Piluso", with a horizontal line drawn through it.

Michael S. Piluso
President

MSP/jah
Enclosures