## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # K42842** 1. Entity Name AIR-TOOL SERVICES INC.

FILED Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90255 024 \*\*\*150.00

Principal Place of Business S800 NW. 41H STREET LIDDERHUL F. 33919-477 2000 NW. 41H STREET LIDDERHUL F. 33919-4						04-27-2001	70233 02	,7 150	5.00	
LAUDERHILL FL 33319-4473  LUU G 2 U 7 / 1  2. Principal Place of Business  Suite Apt #, etc.  Suite Apt #, etc.  Suite Apt #, etc.  City & State  City & State  City & State  County  Zip  County  Jip  County  5. Country  5. Conflictate of Status Desired Fee Repulsement F	Principal Plac	e of Business	Mailing Address							
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.    City & State   City & State   City & State   4. FEI Number 65-0080009   Applicat For Not Applicable    Zip   Country   Zip   Country   Zip   Country   S. Contificate of Status Desired   \$8.75 Additional Fee Required    S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    GOLDSTEIN, RV/ING   Street Address (P.O. Box Number is Not Acceptable)    Tax tiling requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State on back)   Address (P.O. Box Number is Not Acceptable)    Till OFFICERS AND DIRECTORS   12. ADDITIONS (PANGES TO OFFICERS AND DIRECTORS IN 11 INLE SUNDHEIM, JACK SIMET ADDRESS SION SIMET ADDRESS SION SINGE ADDRESS SINGE ADDRESS SION SINGE ADDRESS SINGE ADDRESS SION SINGE ADDRESS SION SINGE ADDRESS SINGE ADDRES			LAUDERHILL FL 33319-4473			U	UU421	)77 ÷		
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Sulfie, Apt. #, etc.    Sulfie, Apt. #, etc.   Sulfie, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2. Principal P	lace of Business	3. Mailing Address	·						
City & State    City & State   City	Suite Ant	# etc	Suite Ant # etc		_					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additiona	Suite, Apt. #, etc.					DO NOT WHILE IN TERS OF AGE				
Signature, typed or piread name of legistered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	City & State		City & State		4. 1	FEI Number <b>65-0080009</b>				
GOLDSTEIN, IRVING 7880 N. UNIVERSITY DRIVE #100 TAMARAC FL 33321  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE  9. This corroration is eligible to satisfy its mrangible Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SIRET ADDRESS  CITY-S1-ZIP  TITLE  OBERIA DRIVES  CITY-S1-ZIP  Delete  TITLE  OBERIA DRIVES  CITY-S1-ZIP  TITLE  OBERIA DRIVES  CITY-S1-ZIP  TITLE  OBERIA DRIVES  CITY-S1-ZIP  OBERIA DRIVES  CITY-S1-ZIP  TITLE  NAME SIRET ADDRESS  CITY-S1-ZIP  TITLE  TITLE  NAME SIRET ADDRESS  CITY-S1-ZIP  TITLE  TITLE  NAME SIRET ADDRESS  CITY-S1-ZIP  TITLE  TIT	Zip	Country	Zip	Country	5. (	Certificate of Status Desired		8.75 Add	ditional	
GOLDSTEIN, IRVING 7880 N. UNIVERSITY DRIVE #100 TAMARAC FL 33321  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  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT	<b></b>	6. Name and Address of Current F		<del></del>		Name and Address of New R				
TAMARAC FL 33321  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 Frontia.  SIGNATURE  Signature, types or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when refusiting)  19. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SUNDHEIM, JACK SIREET ADDRESS CITY-ST-2P  TITLE  SUNDHEIM, MILDRED  G080 N.W. 44TH STREET  LAUDERHILL FL 33319-4473  CITY-ST-2P  CITY-ST-2P  TITLE  NAME  SIREET ADDRESS CITY-ST-2P  TITLE  NAME SIREET ADDRESS CITY-ST-2P  TITLE  SIRET ADD	o. Name and Address of Outlone Hogistoriou Agont									
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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		Partify that the information europlied with	this filing does not qualify for		in Section	119 07(3)(i) Florida Statutes I	further certi	fv that the in	nformation	

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: JACK W SUNDHEIM WE WE WE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR