

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

K 62768

1. Entity Name

ABRASIVE MACHINE GRINDING MANUFACTURING CORP.

FILED

00 JUN 22 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

907 N. FEDERAL HWY
BOYNTON BEACH, FL 33435

145-53 9TH AVE
WHITESTONE, N.Y.
11357-1625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06/09/2000 90218 032 \$150.00

4. FEI Number

65-0129393

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

STEVEN A. SOLIERI
907 N. FEDERAL HWY
BOYNTON BEACH, FL 33435

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

Steven A. Solieri

(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, 2000 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	PV D	<input type="checkbox"/> Delete
NAME	STEVEN A. SOLIERI	
STREET ADDRESS	145-53 9TH AVE, WHITESTONE NY	
CITY-ST-ZIP	11357	
TITLE	S & D	<input type="checkbox"/> Delete
NAME	MICHAEL SOLIERI	
STREET ADDRESS	145-53 9TH AVE, WHITESTONE NY	
CITY-ST-ZIP	11357	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)