

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000667

1. Entity Name
AMERICAN INDUSTRIAL EQUIPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:02

Principal Place of Business
12747 49TH STREET NORTH
CLEARWATER FL 33762

Mailing Address
12747 49TH STREET NORTH
CLEARWATER FL 33762-4604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12645 49th St. No
Suite, Apt. #, etc.

3. Mailing Address
12645 49Th St. No
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-3404438

Applied For
Not Applicable

Zip
33762

Country
U.S.A

Zip
33762

Country
U. S. A

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARONONGAN, VINCENT
12747 49TH STREET NORTH
CLEARWATER FL 34622

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
CERMINARO, PHILIP A
6324 PATTON STREET
NEW ORLEANS LA 70118

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
CARONONGAN, VINCENT
12747 49TH STREET NORTH
CLEARWATER FL 34622

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ny 3/31/00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Caronongan Vincent
12645 49th St. No

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STREET ADDRESS
CITY - ST - ZIP

CLEARWATER, FL 33762

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*****50.00 *****50.00

TITLE
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/28/00 727-573-5088
Date Daytime Phone #

CR2E083 (9/99)