

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000591**

1. Entity Name  
**PURECOAT INTERNATIONAL, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:44

Principal Place of Business  
**3301 ELECTRONICS WAY  
WEST PALM BEACH FL 33407**

Mailing Address  
**3301 ELECTRONICS WAY  
WEST PALM BEACH FL 33407-4620**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0762285**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TARONE, THEODORE T JR  
C/O CHERRY & SPENCER PA  
1665 PALM BEACH LAKES BLVD., SUITE 600  
WEST PALM BEACH FL 33401**

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 **THEODORE T. TARONE, JR.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/00**

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

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE **MGRM**  Delete  
NAME **TOSI, LAURENCE A JR**  
STREET ADDRESS **3301 ELECTRONICS WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **MGRM**  Change  Addition  
NAME **DYANNE C. TOSI, Executrix of the Estate of Laurence A Tosi, Jr.**  
STREET ADDRESS **3301 Electronics Way**  
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **MGRM**  Delete  
NAME **BOGNAR, GEORGE**  
STREET ADDRESS **3301 ELECTRONICS WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **MGRM**  Change  Addition  
NAME **[Handwritten Signature]**  
STREET ADDRESS **[Handwritten Signature]**  
CITY-ST-ZIP **[Handwritten Signature]**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **300003161993-3**  
STREET ADDRESS **-03/08/00--01010--016**  
CITY-ST-ZIP **\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **[Handwritten Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **1-21-00**

Daytime Phone # **561-844-0100**

CRZE083 (9/99)