

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004270

1. Entity Name

PINAULT INDUSTRIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business

4201 W. MCNAB ROAD, #28
POMPANO BEACH FL 33069

Mailing Address

4201 W. MCNAB ROAD, #28
POMPANO BEACH FL 33069

2. Principal Place of Business

4201 W McNab Rd

3. Mailing Address

PO BOX 9290

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

FORT LAUDERDALE FL

Zip

33069

Country

US

Zip

33310

Country

US

4. FEI Number

65-0935543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINAULT, JASON

4201 W. MCNAB ROAD, #28
POMPANO BEACH FL 33069

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08-16-00

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

100003383671--8
-09/06/00--01075--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR PINAULT, JASON 4201 W. MCNAB ROAD, #28 POMPANO BEACH FL 33069 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

08-16-00

(954) 968 5217

CR2E083 (5/00)