

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-22-2002 90183 008 ***150.00

DOCUMENT # P00000092988

1. Entity Name
AMERICAN PAPER & TOOLS CORPORATION

Principal Place of Business

5767 NORTHWEST 99TH COURT
 MIAMI FL 33178

Mailing Address

P O BOX 668636
 MIAMI FL 33166

2. Principal Place of Business

5590 NW 84 AVE.

Suite, Apt. #, etc.

3. Mailing Address

5590 NW 84 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1044298

Applied For

Not Applicable

Zip

33166

Country

DADE.

Zip

33166

Country

DADE.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

39932



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 5590 NW 84 AVE
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **LEONARDO MARRERO**
 Street Address (P.O. Box Number is Not Acceptable)
 5590 NW 84 AVE.
 City **MIAMI** FL Zip Code **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-02.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **TIRONE, FRANCESCO**
 CITY-ST-ZIP **5767 NORTHWEST 99TH COURT**
MIAMI FL 33178

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ESCALONA, EVA E**
 CITY-ST-ZIP **5767 NW 99TH COURT**
MIAMI FL 33178

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **MARRERO, LEONARDO**
 CITY-ST-ZIP **5590 NW 84 AVE.**
MIAMI, FL 33166

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 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:

SIGNATURE REQUIRED

07-25-02.

Date

Daytime Phone #

CR2E034 (4/02)

Jun 10 02 03:59p

American Paper and Tools

3055992106

p.2



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 30, 2002

AMERICAN PAPER & TOOLS CORPORATION
P O BOX 227635
MIAMI, FL 33122

Subject: **AMERICAN PAPER & TOOLS CORPORATION**

Reference Number: **P00000092988**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment

Jun 10 02 03:59p

American Paper and Tools

3055992106

p.3

5/22/2002-90183-008-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

39932

DOCUMENT # **P00000092988**

1. Entity Name
AMERICAN PAPER & TOOLS CORPORATION

Principal Place of Business
**5767 NORTHWEST 99TH COURT
MIAMI FL 33178**

Mailing Address
**P O BOX 68833
MIAMI FL 33168**

CHANGE



2. Principal Place of Business
MIAMI

3. Mailing Address
P.O. Box 227635

Suite, Apt., etc.
5590 NW 84 AVE

Suite, Apt., etc.

City & State
MIAMI

City & State
MIAMI

Zip
33166

Country
USA

Zip
33122

Country
USA

DO NOT WRITE IN THIS SPACE

4. FSI Number
65-1044298

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

**SPIEGEL & UTRERA, P.A.
5590 NW 84 AVE
MIAMI FL 33168**

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 **LEONARDO MARRERO**

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

(NOTE: Registered Agent signatures required when renouncing)

01-07-01

DATE

9. This corporation is eligible to satisfy its filing requirements and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Business Campaign Financing
Trust Fund Contribution ☐ **\$5.00 may be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **TIRONE, FRANCESCO**
CITY-ST-ZIP **5767 NORTHWEST 99TH COURT
MIAMI FL 33178**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ESCALONA, EVA E**
CITY-ST-ZIP **5767 NW 99TH COURT
MIAMI FL 33178**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **LEONARDO MARRERO**
STREET ADDRESS **5767 NW 99 CT**
CITY-ST-ZIP **MIAMI, FL 33178**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(j), 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 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 another like empowered.

SIGNATURE: **LEONARDO MARRERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-01

DATE

Daytime Phone #