

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90376 018 \*\*\*150.00

**DOCUMENT# P02000026132**

1. Entity Name

**ALL AMERICAN STONE TOOLS, CORP.**

Principal Place of Business

Mailing Address

**16320 NW 48TH AVE.  
 MIAMI FL 33014**

**16320 NW 48TH AVE.  
 MIAMI FL 33014**

2. Principal Place of Business

**370 E. MCNAB RD.**

3. Mailing Address

**370 E. MCNAB RD.**

Suite Apt. #, etc.

Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**75-3019225**

Applied For

Not Applicable

Zip

**33060-9320**

Country

Zip

**33060-9320**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
 3929 N FEDERAL HWY.  
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **FEIERTAG JUNIOR, ROLAND**  
 Street Address (P.O. Box Number is Not Acceptable) **370 E. MCNAB RD.**  
 City **POMPANO BEACH** FL Zip Code **33060-9320**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/30/03**

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, 2003 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

TITLE **P** ☐ Delete  
 NAME **FEIERTAG JUNIOR, ROLAND**  
 STREET ADDRESS **10674 NW 48TH AVE.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **V** ☐ Delete  
 NAME **FEIERTAG, DAVID M**  
 STREET ADDRESS **2501 SW 79TH AVE. APT. #102**  
 CITY-ST-ZIP **DAVIE FL 33324**

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 **P** ☒ Change ☐ Addition  
 NAME **FEIERTAG JUNIOR, ROLAND**  
 STREET ADDRESS **370 E. MCNAB RD.**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **VILNIUS** ☒ Change ☐ Addition  
 NAME **FEIERTAG, DAVID M**  
 STREET ADDRESS **370 E. MCNAB RD.**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

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

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 19.07(3)(1), 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 N 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

**04/30/03**

Date

**(954) 783-7798**

Daytime Phone #