

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000004987**

1. Entity Name

PROGRAMA TOOLS, INC.**FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90060 041 ***150.00

Principal Place of Business

**301 WEST CAMINO GARDENS BLVD
BOCA RATON FL 33432**

Mailing Address

**301 WEST CAMINO GARDENS BLVD
BOCA RATON FL 33432-5807**

2. Principal Place of Business

3500 NW Boca Raton Blvd #501 FL

3. Mailing Address

3500 NW Boca Raton Blvd #501 FL 33431

Suite, Apt. #, etc.

*** 501**

Suite, Apt. #, etc.

501

City & State

BOCA RATON, FL

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0569480

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

**WALSER, THOMAS C
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KOTZIG, IVAN	
STREET ADDRESS	301 WEST CAMINO GARDENS BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAKAK, TAWFIK	
STREET ADDRESS	301 WEST CAMINO GARDENS BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000

(561) 388-8843

Date

Daytime Phone #