

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064749

1. Entity Name
ACCU-TECH POLYMERS, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90006 022 ***558.75

Principal Place of Business

7804 LAKESIDE BLVD
SUITE 406
BOCA RATON FL 33434
US

Mailing Address

~~19211 CHAPEL CREEK DR~~
~~BOCA RATON FL 33434~~
SAME

2. Principal Place of Business

3. Mailing Address **SUITE 406**
7804 LAKESIDE BLVD BOCA RATON

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 406

City & State

City & State
BOCA RATON FL

Zip

Country

Zip
33434

Country

USA

4. FEI Number

65-0603610

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

KLEIN, SUTART
7804 LAKESIDE BLVD
SUITE 406
BOCA RATON FL 33434

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KLEIN, MILDRED**
STREET ADDRESS **7804 LAKESIDE BLVD**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VS** ☐ Delete
NAME **KLEIN, STUART**
STREET ADDRESS **7804 LAKESIDE BLVD**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 STUART KLEIN

Date

7/21/00

Daytime Phone #

561-347-2299