2001 UNIFORM BUSINESS REPORT (UBR)

0008264

DOCUMENT # P95000066278

1. Entity Name

PERFORMANCE Machine Systems USA, INC.

FILED
01 FEB -7 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

Principal Place of Business	Mailing Address
197 W NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	1197 W NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442

2. Principal Place of Business		3. Mailing Address	
Correct			
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE 2000-01

4. FEI Number 65-0610024 — 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
STASH, CAROLYN 2257 NE 25TH STREET LIGHTHOUSE POINT FL 33064	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 Carolyn Stash C Carolyn Stash

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President NAME CAROLYN STASH STREET ADDRESS 2257 NE 25th Street CITY-ST-ZIP Lighthouse Point FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 700003677787--1 -02/13/01--01108--015 ****900.00 ****900.00	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Carolyn Stash Carolyn Stash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE