

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081496

1. Entity Name

MIAMI TOOLS & SERVICES INC

Principal Place of Business

4307 S.W. 75TH AVENUE
MIAMI FL 33155
US

Mailing Address

4307 S.W. 75TH AVENUE
MIAMI FL 33155
US

2. Principal Place of Business

4325 S.W. 75 AVE
Suite, Apt. #, etc.

3. Mailing Address

4325 S.W. 75 AVE
Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33155

Country

DADE

Zip

33155

Country

DADE

4. FEI Number

65-0699534

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ TURNES, MARIA
10376 SW 9 TERR
MIAMI FL 33174

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/3/01
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

TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ TURNES, MARIA	
STREET ADDRESS	10376 SW 9 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TURNES, MANUEL J JR	
STREET ADDRESS	10374 S.W. 9TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / VP / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL J TURNES	
STREET ADDRESS	10376 S.W. 9th	
CITY-ST-ZIP	MIAMI - FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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

4/2/01
Date

305-262-4211
Daytime Phone #

CR2E034 (10/00)

0191817

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90030 013 ***158.75

C0043138



DO NOT WRITE IN THIS SPACE