

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041656

1. Entity Name

PREMIUM TOOL SALES, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 006 ***150.00

Principal Place of Business

Mailing Address

7730 SW 68 TR
MIAMI FL 33143

7730 SW 68 TR
MIAMI FL 33143-2709

2. Principal Place of Business

3. Mailing Address

2902 SW BUENA VISTA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM CITY FL

City & State

4. FEI Number

65-0757047

Applied For

Not Applicable

Zip
34990

Country
US

Zip

Country

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

BALLESTAS & ASSOCIATES INC
7730 SW 68 TR
MIAMI FL 33143

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 reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MANGONI, PETER
2902 SW BUENA VISTA BLVD
PALM CITY FL 34990

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANGONI, GIANCARLO
3210 RIVERLAND RD
FT LAUDERDALE FL 33312

☐ Delete

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CITY-ST-ZIP
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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)

561-597-3346

April 28th 2000