

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90048 005 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000002272

1. Entity Name

ISTAK TOOL & DIE, INC.

Principal Place of Business

Mailing Address

2650 E. 11th Ave.
Hialeah, FL. 33013

2650 E. 11th Ave.
Hialeah, FL. 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-0816130

Not Applicable

Zip

Country

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

Eustachio Ferreira
2650 W. 11th Ave.
Hialeah, FL. 33013

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '99

TITLE	PD	Eustachio Ferreira	☐ Delete
NAME		2650 W. 11th Ave.	
STREET ADDRESS		Hialeah, FL. 33013	
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
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NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Eustachio Ferreira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/00 (305) 693-1609

Date Signature Phone

CR2E034 (9/99)