

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90041 043 \*\*\*150.00

DOCUMENT # P99000036617

1. Entity Name  
ABC TOOLS, INC.



Principal Place of Business

20725 NW 2 AVENUE  
MIAMI FL 33169

Mailing Address

4100 N PARK ROAD  
HOLLYWOOD FL 33021

2. Principal Place of Business

1071 NW 119 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

Zip  
33168

Country  
USA

Zip

Country

4. FEI Number 65-0927302

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALPHONSE, WOODY  
400 NORTH PARK ROAD  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name WOODY ALPHONSE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOODY, ALPHONSE  
STREET ADDRESS 4100 N PARK ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WOODY ALPHONSE 1/7/03 305 769 4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)