

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90096 046 ***150.00

DOCUMENT # P99000065316

1. Entity Name

ALTECNICA SAW & TOOL CORP.

Principal Place of Business

Mailing Address

100 BAY VIEW DRIVE, SUITE 1603
 MIAMI BEACH FL 33160

100 BAY VIEW DRIVE, SUITE 1603
 MIAMI BEACH FL 33160-4759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 Industrial Blvd

3. Mailing Address

222 Industrial Blvd

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

Zip

34104

Country

4. FEI Number

65-0936722

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

HEID, ALBERT B

**100 BAY VIEW DRIVE, SUITE 1603
 MIAMI BEACH FL 33160**

Name

Heid Albert B.

Street Address (P.O. Box Number is Not Acceptable)

222 Industrial Blvd Unit #105

City

Naples

FL

Zip Code

34104

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

03/23/00

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 **D** ☐ Delete
 NAME **HEID, ALBERT B**
 STREET ADDRESS **100 BAY VIEW DRIVE, SUITE 1603**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE **D** ☐ Change ☐ Addition
 NAME **Heid Albert B.**
 STREET ADDRESS **222 Industrial Blvd #105**
 CITY-ST-ZIP **Naples, FL 34104**

TITLE **D** ☒ Delete
 NAME **GROTTE, CLARA H**
 STREET ADDRESS **100 BAY VIEW DRIVE, SUITE 1603**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 #

03/23/00 (941) 571-8153