

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90057 019 \*\*\*150.00

0339526 AV

**DOCUMENT # P99000065316**

**1. Entity Name**  
**ALTECNICA SAW & TOOL CORP.**

**Principal Place of Business**  
**1726 SYCAMORE TERR**  
**WESTON FL 33327**

**Mailing Address**  
**1726 SYCAMORE TERR**  
**WESTON FL 33327**



**2. Principal Place of Business**  
~~1726 SYCAMORE TERR~~ **P.O. Box 266691**

**Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State**  
**WESTON FL.**

**City & State**  
**WESTON FL.**

**4. FEI Number** **65-0936722**

**Applied For**  
**Not Applicable**

**Zip** **33327** **Country** **USA**

**Zip** **33326** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**HEID, ALBERT B**  
**1726 SYCAMORE TERR**  
**WESTON FL 33327**

**7. Name and Address of New Registered Agent**

**Name** **HEID, ALBERT B.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**1726 SYCAMORE TERR.**

**City** **WESTON** **FL** **Zip Code** **33327**

**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** **GENERAL MANAGER 04/04/02**  
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, 2002 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** **D** ☐ **Delete**  
**NAME** **HEID, ALBERT B**  
**STREET ADDRESS** **1726 SYCAMORE TERR**  
**CITY-ST-ZIP** **WESTON FL 33327**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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:** **ALBERT B. HEID 04/04/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(954) 388-6437**

CR2E034 (9/01)