

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2001 8:00 am
Secretary of State

05-09-2001 90001 045 ***150.00

DOCUMENT # P99000072647

1. Entity Name

TECNOL NORTH AMERICA, INC.

Principal Place of Business

1298 LAKEVIEW RD.
CLEARWATER FL 33758

Mailing Address

1298 LAKEVIEW RD.
CLEARWATER FL 33758

2. Principal Place of Business

985 HARBOR LAKE DR.

Suite, Apt. #, etc.
6

3. Mailing Address

985 HARBOR LAKE DR.

Suite, Apt. #, etc.
6

City & State

SAFETY HARBOR, FL.

City & State

SAFETY HARBOR, FL.

Zip

34695

Country

PINELLAS

Zip

34695

Country

PINELLAS

6. Name and Address of Current Registered Agent

SMITH, WARREN
1298 LAKEVIEW RD.
CLEARWATER FL 33758

7. Name and Address of New Registered Agent

Name

WARREN SMITH

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

985 HARBOR LAKE DR.

6

City

SAFETY HARBOR

FL

Zip Code

34695

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

Warren Smith

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, 2001 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 **PD** ☒ Delete
NAME **KELLER, WAYNE**
STREET ADDRESS **1298 LAKEVIEW RD.**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **VD** ☒ Delete
NAME **SMITH, WARREN**
STREET ADDRESS **1298 LAKEVIEW RD.**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SERGIO CARNIELLI**
STREET ADDRESS **985 HARBOR LAKE DR.**
CITY-ST-ZIP **SAFETY HARBOR, FL. 34695**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ORLANDO VIEIRA**
STREET ADDRESS **985 HARBOR LAKE DR.**
CITY-ST-ZIP **SAFETY HARBOR, FL. 34695**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)