

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 Mailing Address
 1298 LAKEVIEW RD. 1298 LAKEVIEW RD.
 CLEARWATER FL 33758 CLEARWATER FL 33758

2. Principal Place of Business 3. Mailing Address
~~1298 LAKEVIEW RD.~~ ~~1298 LAKEVIEW RD.~~
985 HARBOUR LAKE DR. **985 HARBOUR LAKE DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6 **# 6**

City & State City & State
SAFETY HARBOR, FL. **SAFETY HARBOR, FL.**

Zip Country Zip Country
34695 **PINELLAS** **34695** **PINELLAS**

4. FEI Number Applied For
59-3594391 Not Applicable

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

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 HARBOUR 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* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, WAYNE 1298 LAKEVIEW RD. CLEARWATER FL 33758	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, WARREN 1298 LAKEVIEW RD. CLEARWATER FL 33758	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SERGIO CARNIELLI 985 HARBOUR LAKE DR. SAFETY HARBOR, FL. 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ORLANDO VIEIRA 985 HARBOUR LAKE DR. SAFETY HARBOR, FL. 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Warren Smith* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)