

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50031

1. Entity Name

FLORIDA FOIL, INC.

NAME CHANGED TO:

ADDED TOUCH DIECUTTING CORP.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90016 026 ***150.00

Principal Place of Business

Mailing Address

5187 NE 12 AVE
OAKLAND PARK FL 33334
US

5187 NE 12TH AVE
OAKLAND PARK FL 33334-4918
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0260281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIGDOL, MONTE
5187 NE 12TH AVE
OAKLAND PARK FL 33334

Name

ASHTON, EDWIN H.

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

5187 NE 12TH AVE

City

OAKLAND PARK

FL

Zip Code

33334

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

Edwin H. Ashton

EDWIN H. ASHTON, PRES.

02/01/00

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, 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 **P** ☒ Delete
NAME **MIGDOL, MONTE**
STREET ADDRESS **5405 NW 102ND AVENUE**
CITY-ST-ZIP **SUNRISE FL**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **ASHTON, EDWIN**
STREET ADDRESS **5187 NE 12 AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **VP** ☐ Delete
NAME **DUNNE, ROBERT**
STREET ADDRESS **928 SW 10TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **ASST SEC.** ☐ Change ☒ Addition
NAME **ASHTON, ROSEANN**
STREET ADDRESS **5187 NE 12 AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST SEC** ☐ Change ☒ Addition
NAME **DUNNE, PETER**
STREET ADDRESS **928 SW 10TH ST**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Robert P. Dunne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. DUNNE

TREASURER 02/01/00 (954) 489-0222

Date

Daytime Phone #

CR2E034 (9/99)