2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2002 8:00 am Secretary of State 239622 DOCUMENT # 1. Entity Name DERUITER ELECTRIC MOTOR CO. 02-19-2002 90050 040 ***150.00 Principal Place of Business Mailing Address 14621 SW 66 AVE 14261 S DIXIE HWY MIAMI FL 33158 MIAMI: FLA 33176 US 2. Principal Place of Business 3. Mailing Address 8333 SW 193 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0904562 MIAMI Not Applicable Country Zip Country \$8.75 Additional US 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DERUITER, J L Street Address (P.O. Box Number is Not Acceptable) 14621 SW 66TH AVE 8333 SW 193rd St. MIAMI FL Miami, FL 33157 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. PD Addition TITLE ☐ Delete TITLE Change DERVITER, JL DERUITER.J L NAME NAME 8333 5W 193 St 14621 SW 66TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F STO DERUITER,E G NAME DERVITER, EG NAME 8333 SW 193 St 14621 SW 66TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-7IP MIAMI FL 33157 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CR2E034 (9/01)

☐ Change

☐ Addition