FOR PROFIT CORPORATION 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239622

1. Entity Name

DERUITER ELECTRIC MOTOR CO



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90126 029 ***150.00

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 2. Principal Place of Business
 3. Mailing Address

 14261 5 DIXIE HWY
 8333 \$.W 193 STREET

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

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For FLORIDA ΜΙΑΜΙ FLORIDA 59-0904562 MIAMINot Applicable Zip 33157 Country V S A Country \$8.75 Additional 5. Certificate of Status Desired 33176 UŚA 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name JAMES L. DERVITER

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

City MIAMI

FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25

Amended UBK is \$61.25

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PRESIDENT - DIRECTOR TITI F TITLE JAMES L. DERUITER NAME NAME 8333 SW 193 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE Secretary / TREASURER - DIRECTOR TITLE ETHEL & DERUITER NAME NAME 8333 5 W 193 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L DERUITER

2/25/03

305-238-967

Daytime Phone

CR2E034B (12/02)