2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # 251336_____ 1. Entity Name AMPCO PRODUCTS, INC. 04-18-2001 90041 036 ***150.00 Principal Place of Business Mailing Address 11400 NW 36TH AVE 11400 NW 36TH AVE MIAMI FL 33167-2907 MIAMI FL 33167-2907 1947 AVY US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0936784 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent KRIEGER, S.L. Street Address (P.O. Box Number is Not Acceptable) 11400 NW 36 AVE MIAMI FL 33167-2907 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition PTD ☐ Delete TITLE TITLE KRIEGER. SL NAME STREET ADDRESS 11400 NW 36TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33167-2907 Change Change ☐ Addition TITLE ☐ Delete O'NEILL. MICHAEL P NAME STREET ADDRESS 4840 NW 128TH STREET ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Change ☐ Addition TITLE _ Delete TITLE **GUSTAVO, RAMIREZ** NAME NAME STREET ADDRESS 11400 NW 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167-2907 . Change ■ Addition ☐ Delete TITLE DAVIDSON, JOAN M NAME NAME STREET ADDRESS 11400 NW 36TH AVE STREET ADDRESS CITY-ST-ZIP CITY+ST-7(P MIAMI FL 33167-2907 ☐ Change ☐ Addition AVP TITLE Defete TITLE HURTADO, CH NAME NAME STREET ADDRESS STREET ADDRESS 11400 NW 36TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167-2907 ☐ Addition avp Delete TITLE Change TITLE KRIEGER, STEPHANIE NAME STREET ADDRESS 11400 NW 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167-2907 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 these 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.

Daytime Phone 4