

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 251336****1. Entity Name**  
**AMPCO PRODUCTS, INC.****Principal Place of Business****11400 NW 36TH AVE**  
**MIAMI FL 33167-2907**  
**US****Mailing Address****11400 NW 36TH AVE**  
**MIAMI FL 33167-2907**  
**US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent****KRIEGER, S.L.**  
**11400 NW 36 AVE**  
**MIAMI FL 33167-2907****7. Name and Address of New Registered Agent**

Name

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

City

**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.****SIGNATURE**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KRIEGER, SL	
STREET ADDRESS	11400 NW 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167-2907	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'NEILL, MICHAEL P	
STREET ADDRESS	4840 NW 128TH STREET ROAD	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUSTAVO, RAMIREZ	
STREET ADDRESS	11400 NW 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167-2907	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DAVIDSON, JOAN M	
STREET ADDRESS	11400 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33167-2907	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HURTADO, CH	
STREET ADDRESS	11400 NW 36TH AVE	
CITY-ST-ZIP	MIAMI FL 33167-2907	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	KRIEGER, STEPHANIE	
STREET ADDRESS	11400 NW 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167-2907	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90050 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

2/22/02 (305) 821-5700