

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90112 045 ***150.00

DOCUMENT # 692548

1. Entity Name

UNITED FORK LIFT CORPORATION

Principal Place of Business

Mailing Address

1901 NW 18TH ST
 BLDG H
 POMPANO BEACH FL 33069
 US

% 600 S. ANDREWS AVE.
 SUITE 400
 FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2116837

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, BRUCE D.
600 S. ANDREWS AVE.
SUITE 400
FT. LAUDERDALE FL 33301

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, 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 Delete
 NAME **PST HATHAWAY, CHARLES**
 STREET ADDRESS **1901 NW 18TH ST BLDG F**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME **Hathaway, Charles**
 STREET ADDRESS **1901 NW 18th St Bldg F**
 CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE Delete
 NAME **VSD MOORE, PAUL A.**
 STREET ADDRESS **3459 NW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **Moore, Paul A.**
 STREET ADDRESS **3459 NW 65th Street**
 CITY-ST-ZIP **Miami FL 33147**

TITLE Delete
 NAME **VSD FACENTE, JAMES**
 STREET ADDRESS **1901 NW 18TH ST BLDG H**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00
 Date

954/971-2440
 Daytime Phone #

CR2E034 (9/99)