

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90284 040 ***150.00

DOCUMENT # 821823

1. Entity Name
HURON MACHINE PRODUCTS, INC.

Principal Place of Business
**228 S.W. 21 TERRACE
 FT. LAUDERDALE FL 33312**

Mailing Address
**228 S.W. 21 TERRACE
 FT. LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-1421203**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDEMANN, H II
 228 S.W. 21 TERRACE
 FT. LAUDERDALE FL 33312**

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, 2001 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 **PD** Delete
 NAME **LINDEMANN, DAVID H**
 STREET ADDRESS **228 SW 21ST TERR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **S** Delete
 NAME **LINDEMANN, ELLEN**
 STREET ADDRESS **228 S W 21ST TERR**
 CITY-ST-ZIP **FT LAUDERDALE 33312**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP** Delete
 NAME **LINDEMAN, II H**
 STREET ADDRESS **228 SW 21ST TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **President** Change Addition
 NAME **Lindemann, Harold II**
 STREET ADDRESS **228 SW 21st Terrace**
 CITY-ST-ZIP **Ft Lauderdale FL 33312**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **Chairman** Change Addition
 NAME **Eric Levine**
 STREET ADDRESS **228 SW 21st Terrace**
 CITY-ST-ZIP **Ft Lauderdale FL 33312**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP & Secretary** Change Addition
 NAME **Phil Von Kahle**
 STREET ADDRESS **228 SW 21st Terrace**
 CITY-ST-ZIP **Ft Lauderdale, FL 33312**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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 # _____

CR2E034 (10/00)