

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90021 005 \*\*\*150.00

**A0023246**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P22991**

1. Entity Name  
**PERKINS ENGINES (LATIN AMERICA) INC.**

Principal Place of Business <b>999 PONCE DE LEON BLVD          SUITE 710          CORAL GABLES FL 33134-3000          US</b>	Mailing Address <b>999 PONCE DE LEON BLVD.          SUITE 710          CORAL GABLES FL 33134-3042          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1659470</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
<b>P ARNOTT, A FRANK PERKINS WAY, EASTFIELD PETERBOROUGH PE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
<b>V SPITZBARTH, JOHN A. 999 PONCE DE LEON BLVD., #710 CORAL GABLES FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CHAIRMAN OF THE BOARD DANIEL M. MURPHY 100 NE ADAMS STREET PEORIA, IL 61629-7310</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>SECRETARY HENRY T. AMES 100 NE ADAMS STREET PEORIA, IL 61629-7310</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TREASURER ROBIN D. BERAN 100 NE ADAMS STREET PEORIA, IL 61629-7310</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>ASSISTANT SECRETARY RHONDA S. SMITH 100 NE ADAMS STREET PEORIA, IL 61629-7310</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** \_\_\_\_\_ **2-11-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)