

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22991

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

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90115 035 ***150.00

Principal Place of Business
701 WATERFORD WAY (NW 62ND AVE.)
SUITE 200
MIAMI FL 33126
US

Mailing Address
701 WATERFORD WAY (NW 62ND AVE.)
SUITE 200
MIAMI FL 33126
US

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 59-1659470

Applied For
Not Applicable

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

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 JOHN A. SPITZBARTH

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

701 WATERFORD WAY, #200

City MIAMI

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

2/5/01

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
NAME P
STREET ADDRESS ARNOTT, A
CITY-ST-ZIP FRANK PERKINS WAY, EASTFIELD
PETERBOROUGH PE

TITLE
NAME V
STREET ADDRESS SPITZBARTH, JOHN A.
CITY-ST-ZIP 999 PONCE DE LEON BLVD., #710
CORAL GABLES FL

TITLE
NAME C
STREET ADDRESS MURPHY, DANIEL M
CITY-ST-ZIP 100 NE ADAMS ST
PEORIA IL 61629-7310

TITLE
NAME S
STREET ADDRESS AMES, HENRY T
CITY-ST-ZIP 100 NE ADAMS ST
PEORIA IL 61629-7310

TITLE
NAME T
STREET ADDRESS BERAN, ROBIN D
CITY-ST-ZIP 100 NE ADAMS ST
PEORIA IL 61629-7310

TITLE
NAME AS
STREET ADDRESS SMITH, RHONDA
CITY-ST-ZIP 100 NE ADAMS ST
PEORIA IL 61629-7310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SPITZBARTH, JOHN A.
STREET ADDRESS 701 WATERFORD WAY, Suite 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

SpitzbARTH

2/5/01

305.476-6901

Date

Daytime Phone #

CR2E034 (10/00)