

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000034713**1. Entity Name  
ECOYA HYDRAULIC LIFTS, INC.

Principal Place of Business	Mailing Address
1000 HIALEAH DRIVE	5651 E FRANCIS ST
HIALEAH FL	ATTN: ACCT.
33010 US	ONTARIO CA
	91761 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5651 E FRANCIS ST
	ATTN: MARGIE GIORDANO

City & State	City & State
Ontario CA	Ontario CA
Zip	Country
91761	US

4. FEI Number	Applied For
65-0410720	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**

MELDER RAYMOND  
1000 HIALEAH DRIVE  
HIALEAH FL  
33010 US

**7. Name and Address of New Registered Agent**

Name  
WADE DENERO  
Street Address (P.O. Box Number is Not Acceptable)  
1000 HIALEAH DRIVE  
City  
HIALEAH FL Zip Code  
33010

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 **WADE DENERO****03/08/2001**

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	V	<input type="checkbox"/> Delete
NAME	STONE ROBERT M	
STREET ADDRESS	5651 EAST FRANCIS STREET	
CITY-ST-ZIP	ONTARIO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES LACOUNT	
STREET ADDRESS	5651 EAST FRANCIS STREET	
CITY-ST-ZIP	ONTARIO CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	RILEY KEVIN J	
STREET ADDRESS	5651 EAST FRANCIS STREET	
CITY-ST-ZIP	ONTARIO CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK ROBERT L	
STREET ADDRESS	5651 EAST FRANCIS STREET	
CITY-ST-ZIP	ONTARIO CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUGIURA WATARU	
STREET ADDRESS	5651 EAST FRANCIS STREET	
CITY-ST-ZIP	ONTARIO CA	
TITLE		<input type="checkbox"/> Delete
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	
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: KEVIN J. RILEY**

T

**03/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)