

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071043

1. Entity Name

GENERAL CRANE (USA), INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90018 039 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite Apt. #, etc.

Suite #3

Suite Apt. #, etc.

#3

City & State

Weston, FL

City & State

Weston, FL

33326

Country

US

33326

Country

US

4. FEI Number

65-0522831

Applied For

Not Applicable

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

MANELLA, ROSS H
 2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020

Name

MANELLA, ROSS H. ESQ.

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

2237 N. Commerce Parkway

Suite #3

City

Weston,

FL

Zip Code
 33326

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]

ROSS MANELLA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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 PSTD ☐ Delete
 NAME RETTERATH, STEVEN
 STREET ADDRESS 1360 N.W. 33RD STREET
 CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN RETTERATH

Date

4/10/2000 / (954) 385-3637

Daytime Phone #

CR2E034 (9/99)