

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000081161**1. Entity Name  
ALAMO INTERNATIONAL SALES, INC.Principal Place of Business  
200 S. ANDREWS AVE.  
FT LAUDERDALE FL 33301 US  
Mailing Address  
200 S. ANDREWS AVENUE  
FT LAUDERDALE FL 33301 US2. Principal Place of Business  
200 S. ANDREWS AVE., 11TH FLOOR  
3. Mailing Address  
200 S. ANDREWS AVENUE, 11TH FLOOR

Suite, Apt. #, etc.

City & State  
FT LAUDERDALE FL  
City & State  
FT LAUDERDALE FLZip  
33301  
Country  
US  
Zip  
33301  
Country  
US4. FEI Number  
**65-0547939**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORP SYSTEMS  
1200 S PINE ISLAND RD  
PLANTATION FL 33324 US**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 \_\_\_\_\_ **01/31/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DT	HYLE KATHLEEN W	200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
	VAS	HURST MASON OII	200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
	DS	SCHWARTZ HOWARD D	200 S. ANDREWS AVE. FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	WILSON	LELAND F	200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301			
	DV	HYLE KATHLEEN W	200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	WOOD MARY	200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input 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:** Howard D. Schwartz

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01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)