

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90778 038 \*\*\*150.00

DOCUMENT # **P94000081161**

1. Entity Name

**Alamo International Sales, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**200 S. Andrews Ave.**

3. Mailing Address

**200 S. Andrews Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33301**

Country

Zip

**33301**

Country

4. FEI Number

**65-0547939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

**P  
Lawrence Ramaekers  
200 S. Andrews Ave.  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
Wayne Moor  
200 S. Andrews Ave.  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DVS  
Howard D. Schwartz  
200 S. Andrews Ave.  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
Mary Wood  
200 S. Andrews Ave.  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TV  
Leland F. Wilson  
200 S. Andrews Ave.  
Ft. Lauderdale, FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered

SIGNATURE:

**Howard D. Schwartz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Howard D. Schwartz, Secretary**

Date

**4/15/02**

Daytime Phone #

CR2E034B (12/01)