## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2002 8:00 am § Secretary of State P98000052459 DOCUMENT # 1. Entity Name 05-14-2002 90505 001 \*5.161.25 TURBINE KINETICS, INC. Principal Place of Business Mailing Address C/O HEICO CORPORATION C/O HEICO CORPORATION 3000 TAFT ST. 3000 TAFT ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0845883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDELSON, VICTOR H ESQ Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL BAY DR., STE.1644 MIAMI FL 33131 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE D/T ☐ Change Addition MENDELSON, VICTOR H NAME NAME TIRWIN, THOMAS S. 825 BRICKELL BAY DR., STE. 1644 STREET ADDRESS STREET ADDRESS 3000 TAFT STREET CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP HOLLYWOOD FL 3302 TITLE ☐ Delete TITLE ☐ Change X Addition NAME Casazza, titus NAME PETERS, BRYAN STREET ADDRESS 3000 TAFT STREET STREET ADDRESS 3000 TAFT STREET' ' CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP HOLLYWOOD FL 33021 TITI F ☐ Delete TITLE ☐ Change X Addition NAME MAIKASIAN, ROBIN NAME LETENDRE, ELIZABETH R. · /'. STREET ADDRESS 3000 TAFT STREET STREET ADDRESS 3000 TAFT STREET CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change Addition NAME STEEVES, KENNETH NAME VETTER, JUDITH W. 3000 TAFT STREET STREET ADDRESS 3000 TAFT STREET STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change ☐ Addition ECKERT, ROBERT NAME NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ☐ Addition NAME SEGLUM, KURT NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP 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

THOMAS S. IRWIN

4/26/02

**FILED** 

954-987-4000

Daytime Phone #

Date