AMENDED FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9800089480 1. Entity Name				FILED	
Koester Equipment, Inc.				02 SEP 16 AM 9: 28	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Malling Address					
442 N.W. 35" Street 442 N.W. 35"		5 S	trect		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	N THIS SPACE .
Buca Raton 52	7			4. FEI Number (6508.74967	Applied For Not Applicable
Zip Country USA	33431	Country U SA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Participation and the second s					gistered Agent
Miles di indimini proper a comparta proper in constitución de la comparta del comparta de la comparta de la comparta del comparta de la comparta del la comparta de la comparta del la comparta de la comparta del l			Name Alex P. Rosenthal		
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					
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	int for the oursess of aboreing its				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 registaxed agent and titlla if applicable, (NOTE: Registered Agent skiptature required when reinstanting) DATE					
9. This corporation is eligible to satisfy its Intangible Tax liting 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 10. Election Campaign Financing Added to Fees Added to Fees					
11. OFFICERS /	AND DIRECTORS			Tithuidiaminnaminnynyndolisiais	All the desired a street section of the control of the street.
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THE VICE President Se	Vice President Secretary		CITY 51 70 10 10 10 10 10 10 10 10 10 10 10 10 10		
NAME Frederick Faul	land of the contract				
	Boca Raton FZ 33431		STREET ADDRESS CITY: ST-ZIP		
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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 eport is tole 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 receivering trustee empowered a execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an analysis of the receiver of the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					