

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044402

1. Entity Name

CHAMPION FORKLIFT CORP.

Principal Place of Business

7550 NW 70TH STREET  
MIAMI FL 33166

Mailing Address

7550 NW 70TH STREET  
MIAMI FL 33166-2816

2. Principal Place of Business

7500 NW 70th St

Suite, Apt. #, etc.

3. Mailing Address

7500 NW 70th St

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

Zip

Country

USA

City & State

MIAMI, Florida

Zip

Country

USA

4. FEI Number

LS-0923298

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLALON, PRUDENCIO  
4690 SW 143 AVENUE  
MIAMI FL 33175

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

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)

☒

**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

TITLE PSTD  
NAME VILLALON, PRUDENCIO  
STREET ADDRESS 4690 SW 143 AVE.  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90099 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1/21/00 (305-) 882-9090