

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90056 019 ***150.00

DOCUMENT # 611896

1. Entity Name
NEUFELDT INVESTMENT CORP.

Principal Place of Business: **111 ISLE OF VENICE FT LAUDERDALE FL 33301**
 Mailing Address: **111 ISLE OF VENICE FT LAUDERDALE FL 33301**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1898840** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NEUFELDT, KLAUS P
111 ISLE OF VENICE
FT LAUDERDALE FL

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 registrant. (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEUFELDT, KLAUS P.		NAME: _____	
STREET ADDRESS: 111 ISLE OF VENICE		STREET ADDRESS: _____	
CITY-ST-ZIP: FT. LAUDERDALE FL		CITY-ST-ZIP: _____	
TITLE: ST	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEUFELDT, DAGMAR		NAME: _____	
STREET ADDRESS: 111 ISLE OF VENICE		STREET ADDRESS: _____	
CITY-ST-ZIP: FT. LAUDERDALE FL		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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]* **954-524-4480**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAGMAR NEUFELDT 1-21-02**
 Date: _____ Daytime Phone #: _____

CR2E034 (9/01)