

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843876

1. Entity Name

UCCELLO IMMOBILIEN GMBH, INCORPORATED

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90008 042 \*\*\*150.00

Principal Place of Business

Mailing Address

999 BRICKELL AVENUE  
SUITE 508  
MIAMI FL 33131

999 BRICKELL AVENUE  
SUITE 508  
MIAMI FL 33131-3041

00007600

2. Principal Place of Business

3. Mailing Address

999 BRICKELL AVE  
Suite, Apt. #, etc. 101

999 BRICKELL AVE  
Suite, Apt. #, etc. 101



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

59-1872845

Applied For

Not Applicable

Zip 33131

Country U.S.A.

Zip 33131

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIER, KIRSTEN I P.A.  
999 BRICKELL AVE 7TH FL  
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME VOGEL, ROBERT  
STREET ADDRESS ESPLANADE 37  
CITY-ST-ZIP HAMBURG, REP.GERMANY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME LEYBA, ROBERT  
STREET ADDRESS ESPLANADE 37  
CITY-ST-ZIP HAMBURG, REP.GERMANY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

1-7-2000

(305) 372-0288