

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90107 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 854212**  
**1. Entity Name**  
**GERMANISCHER LLOYD (U.S.A.) INC.**

<b>Principal Place of Business</b> 303 SOUTH BROADWAY # 460 TARRYTOWN NY 10591-5410 US	<b>Mailing Address</b> 303 SOUTH BROADWAY # 460 TARRYTOWN NY 10591-5410 US
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**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip      Country

**4. FEI Number**      **13-3070297**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

**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** \_\_\_\_\_      (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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUMPEL, STEPHEN M. 33 WOODLAND DRIVE RYE BROOK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVD REHENBERG, LOTHAR VORSETZEN 32 PF.11 16 06 D-20416 HAMBURG GE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **NOT REQUIRED**      **3/12/00**      **914-366-6606**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR 1 004-13981