

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J29998**

1. Entity Name

HANS EGGER, INC.**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90103 032 ***150.00

Principal Place of Business

Mailing Address

7800 W OAKLAND PARK BLVD.
BLDG. "G"
SUNRISE FL 33351-67417800 W OAKLAND PARK BLVD.
BLDG. "G"
SUNRISE FL 33351-6741**AU024313**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2800497

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOVANOVIC, DOUGLAS
888 SE THIRD AVE.
STE 400
FT LAUDERDALE FL 33316

Name

REJEAN LAPIERRE

Street Address (P.O. Box Number is Not Acceptable)

7800 W. OAKLAND PARK BLVD.**BLDG. "G"**

City

SUNRISE**FL**

Zip Code

33351

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

2/12/009. 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 State10. 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	<input type="checkbox"/> Delete
D	EGGER-SCHMUKI, HANS	7800 W OAKLAND PK BLVD	SUNRISE FL	<input type="checkbox"/>
D	HELBBING-EGGER, MAYA	7800 W. OAKLAND PK BLVD.	SUNRISE FL	<input type="checkbox"/>
D	RACH-EGGER, BEATRIX	7800 W OAKLAND PK BLVD	SUNRISE FL	<input type="checkbox"/>
D	EGGER-TOBLER, ISO	7800 W OAKLAND PK BLVD	SUNRISE FL	<input type="checkbox"/>
P	HELBBING, JOSEF	7800 W OAKLAND PK BLVD	SUNRISE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	HELBBING-EGGER, MAYA	7800 W. OAKLAND PARK BLVD. BLDG. "G"	SUNRISE, FL. 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	HELBBING, JOSEF	7800 W. OAKLAND PARK BLVD. BLDG. "G"	SUNRISE, FL. 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEF HELBBING 2-15-00

Date

954-744-8802

Daytime Phone #

CR2E034 (9/99)