

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47167

1. Entity Name

WIKA INTERNATIONAL, INC.

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

03-31-2000 90068 013 ***150.00

Principal Place of Business

Mailing Address

%CEES VAN DEN BOOM
 159 E. LAKE SHORE BLVD.
 KISSIMMEE FL 34744

% ANDREW I. LEWIS. ESQ.
 4000 HOLLYWOOD BLVD- #265-S
 HOLLYWOOD FL 33021-6751



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

59-3036203

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

LEWIS, ANDREW I ESQ.
4000 HOLLYWOOD BLVD
#265-S
HOLLYWOOD FL 33021

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 Delete
 NAME **PSTD BREITBARTH, CORNELIA**
 STREET ADDRESS **WAALSDORPERLAAN 5**
 CITY-ST-ZIP **THE NETHERLANDS**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **2244 BL WASSENAAR - THE NETHERLANDS**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORNELIA BREITBARTH

MAR 21st 2000

Date

31703141555

Daytime Phone #

CR2F034 (9/99)