

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90201 012 ***150.00

DOCUMENT # P97000016915

1. Entity Name
TEST & EQUIPMENT GERMANY, INC.

Principal Place of Business

6278 N. FEDERAL HIGHWAY
 SUITE 152
 FT. LAUDERDALE FL 33308

Mailing Address

6278 N. FEDERAL HIGHWAY
 SUITE 152
 FT. LAUDERDALE FL 33308-1916

2. Principal Place of Business

11813 MINTWOOD CT.
 Suite, Apt. #, etc.

3. Mailing Address

11310 S. ORANGE BLOSSOM TRAIL
 Suite, Apt. #, etc.
375



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FLORIDA

Zip
32837

Country
USA

City & State
ORLANDO FLORIDA

Zip
32837

Country
USA

4. FEI Number
65-0730327

Applied For
 Not Applicable

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

LAMOTHE, FERNAND
721 S.E. 17TH STREET
FT. LAUDERDALE FL 33316

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 VP	<input type="checkbox"/> Delete	NAME MAYER, MICHAEL	STREET ADDRESS 6278 N. FEDERAL HIGHWAY, SUITE 152	CITY-ST-ZIP FT. LAUDERDALE FL 33308
TITLE P	<input type="checkbox"/> Delete	NAME LARIN, CHRISTIAN	STREET ADDRESS 6278 N. FEDERAL HIGHWAY, STE. 152	CITY-ST-ZIP FT LAUDERDALE FL 33308
TITLE S	<input type="checkbox"/> Delete	NAME LARIN, LOUISE	STREET ADDRESS 6278 N FEDERALE HIGHWAY, STE. 152	CITY-ST-ZIP FT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MAYER MICHAEL	STREET ADDRESS 11310 S. ORANGE BLOSSOM TRAIL #375	CITY-ST-ZIP ORLANDO FLORIDA 32837
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LARIN CHRISTIAN	STREET ADDRESS 11310 S. ORANGE BLOSSOM TRAIL #375	CITY-ST-ZIP ORLANDO FL. 32837
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LARIN LOUISE	STREET ADDRESS 11310 S. ORANGE BLOSSOM TRAIL #375	CITY-ST-ZIP ORLANDO FL. 32837
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	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

Date: **04/11/2000** Daytime Phone #: **407 855-2575**

CR2E034 (9/99)