

**2001 UNIFORM BUSINESS REPORT (UBR)**

5

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90131 038 \*\*\*150.00

DOCUMENT # P98000017351

1. Entity Name

**GERMAN CONSULT CORPORATION**

Principal Place of Business  
**6875 WILLOWOOD DR., #2081**  
**BOCA RATON, FL 33434**

Mailing Address  
**6725 STOCKADE ROAD**  
**W. PALM BEACH, FL 33413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0835772**

Applied For

(No: Applicable)

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**47935**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROCKMANN, FRIEDRICH W.**  
**6725 STOCKADE ROAD**  
**WEST PALM BEACH, FL 33413-2129**

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 **FRIEDRICH W. BROCKMANN**

**04/23/01**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	NICOLE BOCHNIG	
STREET ADDRESS	6875 WILLOWOOD DR., #2081	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D/VP/T	<input type="checkbox"/> Delete
NAME	PATRIK W. LINDEN	
STREET ADDRESS	6875 WILLOWOOD DR., #2081	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D/CHAIRWOMAN	<input type="checkbox"/> Delete
NAME	UTE LINDEN	
STREET ADDRESS	6875 WILLOWOOD DR., #2081	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRIEDRICH W. BROCKMANN	
STREET ADDRESS	6725 STOCKADE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413-2129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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		
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:



**FRIEDRICH W. BROCKMANN, SECRETARY** **04/23/01**

**(561)432-8866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)