

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90036 050 ***150.00

DOCUMENT # P98000054161

1. Entity Name

EEPD NORTH AMERICA, INC.

Principal Place of Business

**701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131**

2. Principal Place of Business

1560 Sawgrass Corporate

3. Mailing Address

State, Apt. #, etc. **Parkway
 Suite 478**

Suite, Apt. #, etc.

City & State
Sunrise, Florida

City & State

Zip
33323

Country
USA

Zip

Country

4. FEI Number

65-0843694

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

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVE, SUITE 3000

MIAMI FL 33131

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, 2002 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
**PST
 KLIMPACHER, FRANZ
 10765 NW 12TH MANOR
 PLANTATION FL 33322-6987** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 BLERSCH, CHRISTIAN
 JOSEPH-LECHENBAUER, STR. 19
 WEICHS, GERMANY 85258** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 BLERSCH, CHRISTIAN
 JOSEPH-LECHENBAUER, STR. 19
 WEICHS, GERMANY 85258** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 HOFMANN, GABRIELE
 JOSEPH-LECHENBAUER, STR. 19
 WEICHS, GERMANY 85258** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 officer or director with all other like empowered.

SIGNATURE:

CHRISTIAN BLERSCH

03.05.2002 954-331-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)