

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90161 021 \*\*\*150.00

**DOCUMENT # P99000028547**

1. Entity Name

**H.L.T. HANSE LOGISTIC & TRADING, INC.**

Principal Place of Business

Mailing Address

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132~~

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132~~

2. Principal Place of Business

c/o Becker & Poliakoff, P.A.

3. Mailing Address

c/o Becker & Poliakoff, P.A.

Suite, Apt. #, etc.

5201 Blue Lagoon Drive, #100

Suite, Apt. #, etc.

5201 Blue Lagoon Drive, #100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0917805

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REUS, ALEXANDER ESQ.**

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132~~

Name

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

c/o Becker & Poliakoff, P.A.

5201 Blue Lagoon Drive, Suite 100

City

Miami

FL

Zip Code

33126

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

Alexander Reus, Esq.

4/30/01

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

(NOTE: Registered Agent's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS                               | CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|-------|--------------------|--|---------------------------|---------------------------------|
| DPSY  | SPIEKER, ALEXANDER | <del>100 N. BISCAYNE BLVD., 21ST FLOOR</del> | <del>MIAMI FL 33132</del> | <input type="checkbox"/>        |
| V     | REUS, ALEXANDER    | <del>100 N. BISCAYNE BLVD., 21ST FLOOR</del> | <del>MIAMI FL 33132</del> | <input type="checkbox"/>        |
|       |                    |  |                           | <input type="checkbox"/>        |
|       |                    |  |                           | <input type="checkbox"/>        |
|       |                    |  |                           | <input type="checkbox"/>        |
|       |                    |  |                           | <input type="checkbox"/>        |

| TITLE | NAME                         | STREET ADDRESS                    | CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------------------|-----------------------------------|-----------------|--|-----------------------------------|
|       | c/o Pecker & Poliakoff, P.A. | 5201 Blue Lagoon Drive, Suite 100 | Miami, FL 33126 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       | c/o Becker & Poliakoff, P.A. | 5201 Blue Lagoon Drive, Suite 100 | Miami, FL 33126 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                              |                                   |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                              |                                   |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                              |                                   |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:

Alexander Reus,

4/30/01

Date

(305) 262-4433

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)