

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90094 044 ***150.00

DOCUMENT # P99000084630

1. Entity Name

FLORIDA PROPERTIES HOLDINGS, INC.

Principal Place of Business 1541 SE PORT ST LUCIE BLVD. SUITE A PORT ST LUCIE FL 34952	Mailing Address 1541 SE PORT ST LUCIE BLVD. SUITE A PORT ST LUCIE FL 34952-5456
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DO NOT WRITE IN THIS SPACE

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 **165-0958036** Applied For Not Applied For
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MECCA, JACK A 1541 SE PORT ST LUCIE BLVD, SUITE A PORT ST LUCIE FL 34952		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	VESTERLUND, STIG			NAME			
STREET ADDRESS	FLYHAMNSVAGEN 24			STREET ADDRESS			
CITY-ST-ZIP	UPPSALA, SWEDEN			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	MECCA, JACK A			NAME			
STREET ADDRESS	1541 SE PORT ST LUCIE BLVD, SUITE A			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34952			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	HJELM, IVAN			NAME			
STREET ADDRESS	NEDRA SLOTTSGATA, 6			STREET ADDRESS			
CITY-ST-ZIP	UPPSALA, SWEDEN			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	LARSON, GORAN			NAME			
STREET ADDRESS	DROTTNING-FATAN 85			STREET ADDRESS			
CITY-ST-ZIP	11160 STOCKHOLM, SWEDEN			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	MECCA, MARY			NAME			
STREET ADDRESS	2022 SE ALLAMANDA DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34952			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Jack Mecca **Managing Director** 1/21/00 861 335-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #