## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 763177** 1. Entity Name SCHLARAFFIA COSTA AUREA, INC. 01-25-2001 90116 004 \*\*\*\*61.50 Principal Place of Business Mailing Address 6769 ARBOR DRIVE 1105-CAPE-CORAL-PKWY'E **NUULU437** MIRAMAR FL 33023 STE-C CAPE CORAL FL 33904 US 2. Principal Place of Business 3. Mailing Address 3405 Santa Barbara BWd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State E CORM. Applied For 59-2235912 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SEEMANN, ERNEST A. 1105-CAPE CORAL PKWY E STE C Zip Code スプタイチ GAPE-CORAL-FL-33904 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F VŊ ☐ Delete TITLE Addition ZEIDLER, BRUNO NAME NAME STREET ADDRESS 1323 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TD TITLE ☐ Delete ☐ Addition ☐ Change SCHWABE, MICHAEL K NAME STREET ADDRESS 3922 SW 136TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 SD TITLE ☐ Delete TITLE □ Change Addition HACHENBURG, H.W. NAME STREET ADDRESS 6769 ARBOR DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL **X** Change TITLE ☐ Delete TITLE ☐ Addition SEEMANN, ERNEST A NAME 3405 Santa Barbara Berd cape Coral, FI 33914 STREET ADDRESS 1105 CAPE CORAL PKWY E-STE-C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CAPE CORAL FL-33904** ☐ Delete TITLE ☐ Change ☐ Addition GRUN, EMIL NAME NAME STREET ADDRESS 2899 COLLINS AVE. #529 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: