

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840648

1. Entity Name  
AMIVEST IMMOBILIEN GMBH GRUNDSTUCKSGESELLSCHAFT  
OBJEKT: MAINLANDS

Principal Place of Business -  
C/O ALAN S. HONIG AND COMPANY  
1501 BROADWAY, STE. 1313  
NEW YORK NY 10036  
US

Mailing Address  
% ALAN S. HONIG AND COMPANY  
1501 BROADWAY, STE. 1313  
NEW YORK NY 10036  
US

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 13-3029266

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 MD  
NAME RISTAU, PETER ☒ Delete  
STREET ADDRESS 1000 BERLIN 33  
CITY-ST-ZIP WEST GERMANY

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

TITLE MD  
NAME HONIG, ALAN ☐ Delete  
STREET ADDRESS 1501 BROADWAY, STE 1313  
CITY-ST-ZIP NEW YORK NY

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

TITLE VP  
NAME STREICH, ED ☐ Delete  
STREET ADDRESS 9125 US HWY 19 N  
CITY-ST-ZIP PINELLAS PARK FL 33282

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 187-577-3862  
Date Daytime Phone #

FILED  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90031 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)