

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90109 007 ***158.75

DOCUMENT # 842188

1. Entity Name
KROEGER GRUNDSTUECKSGESELLSCHAFT MBH, INC.



Principal Place of Business
**2000 PALM BEACH LAKES BLVD
SUITE 301
WEST PALM BEACH FL 33409
US**

Mailing Address
**2000 PALM BEACH LAKES BLVD
SUITE 301
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business
2090 Palm Beach Lakes Blvd. (same)

Suite, Apt. #, etc.
Suite 700

City & State
West Palm Beach, FL

Zip Country
33409 USA

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip -Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0043293**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMERON-HAYES, JONATHAN
2090 PALM BEACH LAKES BLVD
SUITE 801
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name
CAMERON-HAYES, JONATHAN
Street Address (P.O. Box Number is Not Acceptable)
**2090 PALM BEACH LAKES BOULEVARD
Suite 700
City WEST PALM BEACH FL Zip Code 33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROEGER, FRANZ-JOSEF 4300 ESSEN-STEELE BOCHUMER STRASSE, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROEGER-RUECK, UTE 4300 ESSEN-STEELE BOCHUMER STRASSE, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHALKE, KLAUS 4300 ESSEN-STEELE BOCHUMER STRASSE, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
CAMERON-HAYES

4/2/03

581686 6968

Date

Daytime Phone #

CR2E034 (10/02)