

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-04-2003 90071 017 ***158.75

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1. Entity Name
HELLMANN & CO. GRUNDSTUECKSGESELLSCHAFT MBH, INC.



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

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

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

4. FEI Number **98-0043292**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAMERON-HAYES, JONATHAN
2000 PALM BEACH LAKES BLVD.
SUITE 301
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 Blvd.
Suite 700
West Palm Beach FL 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 **PD** ☐ Delete
NAME **HELLMAN, KLAUS**
STREET ADDRESS **PROF. HAACK STR. 21**
CITY-ST-ZIP **49076 OSNABRUCK GERMANY**

TITLE **SD** ☐ Delete
NAME **HELLMAN, JOST**
STREET ADDRESS **INDUSTRIESTRASSE 100**
CITY-ST-ZIP **21107 HAMBURG GERMANY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Jonathan Hayes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/03** Daytime Phone # **561 686 6968**

CR2E034 (10/02)