


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)

3. Mailing Address
(same)

Suite, Apt. #, etc.
Suite 700

City & State
West Palm Beach, FL

Zip Country
33409 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0043292** 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
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

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 _____ (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 HELLMAN, KLAUS PROF. HAACK STR. 21 49076 OSNABRUCK GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELLMAN, JOST INDUSTRIESTRASSE 100 21107 HAMBURG 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
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
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]* AUTHORIZED AGENT CAMERON HAYES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/2/03** Daytime Phone #: **561 686 6968**

CR2E034 (10/02)