

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853765

1. Entity Name

PREMANA INVESTMENTS N.V. COMPANY

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90028 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1774 SOUTH DRIVE  
 SARASOTA FL 34239

1774 SOUTH DRIVE  
 SARASOTA FL 34239-5039

2. Principal Place of Business

1712 Northgate Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

1712 Northgate Blvd  
 Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

59-2222573

Applied For

Not Applicable

Zip

Country

34234

Zip

Country

34234

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

COONEY, RICHARD W.  
 1605 MAIN STR  
 SARASOTA FL 34236

Name

Gunnar Olsson

Street Address (P.O. Box Number is Not Acceptable)

1712 Northgate Blvd

City

Sarasota

FL

Zip Code

34234

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

Gunnar Olsson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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, 2000 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	COONEY, RICHARD W.	
STREET ADDRESS	1605 MAIN STR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GEBHARD, H. DIETER	
STREET ADDRESS	1774 S. DR.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURACAO CORPORATION CO.	
STREET ADDRESS	HANDELSKADE 8	
CITY - ST - ZIP	CURACAO, NETH. ANT.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunnar Olsson	
STREET ADDRESS	1712 Northgate Blvd	
CITY - ST - ZIP	Sarasota FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gunnar Olsson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

Daytime Phone #

CR2E034 (9/99)