

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90126 048 \*\*\*150.00

**DOCUMENT # F38227**

1. Entity Name  
**REIFEN WAGNER EXPORT-IMPORT INC.**

|  |   |
|--|---|
| Principal Place of Business<br>218 COMMERCIAL BLVD.<br>SUITE 204<br>LAUDERDALE-BY-THE-SEA FL 33308 | Mailing Address<br>218 COMMERCIAL BLVD.<br>SUITE 204<br>LAUDERDALE-BY-THE-SEA FL 33071-5433 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>1440 Coral Ridge Dr.<br>Suite, Apt. #, etc.<br>#290 | 3. Mailing Address<br>1440 Coral Ridge Dr.<br>Suite, Apt. #, etc.<br>#290 |
|---|---|

|                                  |                                  |   |  |
|----------------------------------|----------------------------------|---|--|
| City & State<br>Coral Springs FL | City & State<br>Coral Springs FL | 4. FEI Number<br>59-2194041   | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33071                     | Country                          | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><del>BLAHA, WALTER R.</del><br><del>218 COMMERCIAL BLVD.</del><br><del>SUITE 204</del><br><del>LAUDERDALE BY THE SEA FL 33308</del> | 7. Name and Address of New Registered Agent<br>Name<br>Carol J. Taylor Morton<br>Street Address (P.O. Box Number is Not Acceptable)<br>1440 Coral Ridge Dr. #290<br>City<br>Coral Springs FL Zip Code<br>33071 |
|--|--|

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 Carol J. Taylor Morton CAROL J. TAYLOR-MORTON 4/4/00  
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.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>WAGNER, KNUT<br>NUERNBERGGERSTRASSE 245<br>86 BAMBERG, WEST GERMA <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>BLAHA, WALTER R<br>218 COMMERCIAL BLVD. #204<br>LAUDERDALE-BY-THE-SEA FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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] 4/4/00 954 575 1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)