

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90106 001 ***150.00
 05-06-2000 90106 002 *****8.75

1 2 3 4 5



DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000002104

1. Entity Name

GEORG SCHEPELER & HANS KAHL GMBH (CORPORATION)

Principal Place of Business

Mailing Address

1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132-1196

2. Principal Place of Business

1717 N. Bayshore Dr.

Suite, Apt. #, etc.
 Suite 208

City & State
 Miami, FL

Zip
 33132

Country
 USA

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.
 Suite 208

City & State
 Miami, FL

Zip
 33132

Country
 USA

4. FEI Number

65-0426915

Applied For

Not Applicable

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

S & K PROPERTY MANAGEMENT INC
 1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

Name

S&K Property Managment, Inc.

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

1717 N. Bayshore Dr.

Suite 208

City
 Miami

FL

Zip Code
 33132

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

Lidia Cartaya 4/26/00

Lidia Cartaya, Vice President

(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.
 (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 NAME STREET ADDRESS CITY-ST-ZIP	D BUCKREUS, GERTI 24 WIELANDSTRASSE, 6238 HOFHEIM GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUBACH, FRANZ 24 WIELANDSTRASSE, 6238 HOFHEIM GERMANY	<input checked="" 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

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
TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)