

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000003818**

1. Entity Name

BOEHME-FILATEX, INC.**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90045 005 ***158.75

Principal Place of Business

Mailing Address

WATLINGTON INDUSTRIAL DRIVE
REIDSVILLE NC 27320-8147**209 WATLINGTON INDUSTRIAL DRIVE**
REIDSVILLE NC 27320-8147**00045500**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1316508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOODMAN, PHILLIP L
3575 NW 60TH ST
MIAMI FL 33147

Name

Goodman, Phillip L.

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

2395 West 9th Court

City

Hialeah**FL**

Zip Code

33010-2003

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

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.
(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 State10. 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	<input type="checkbox"/> Delete
PD	ECKERT, RENE A	209 WATLINGTON INDUSTRIAL DRIVE	REIDSVILLE NC 27320-8147	<input type="checkbox"/>
V	GOODMAN, PHILLIP L	209 WATLINGTON INDUSTRIAL DRIVE	REIDSVILLE NC 27320-8147	<input type="checkbox"/>
ST	MABE, JUDY A	209 WATLINGTON INDUSTRIAL DRIVE	REIDSVILLE NC 27320-8147	<input type="checkbox"/>
C	FRINGS, JOCHEN	ISARDAMM 79-83, D-82538 GERETSRIED	GERMANY	<input checked="" type="checkbox"/>
D	BOHME, HEIKO	ISARDAMM 79-83, D-82538 GERETSRIED	GERMANY	<input checked="" type="checkbox"/>
D	BOHME, PETER	ISARDAMM 79-83, D-82538 GERETSRIED	GERMANY	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ST	Pope, Judy M.	209 Watlington Industrial Drive	Reidsville, NC 27320-8147	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Stadler, Ulf	Isardamm 79-83, D-82538 Geretsried	Germany	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wohlfarth, Mathias	Isardamm 79-83, D-82538 Geretsried, Germany		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jakob, Dr. Luther	Isardamm 79-83, D-82538 Geretsried	Germany	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E034 (9/99)

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: Judy M. Pope Judy M. Pope, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-24-00
Date336-342-6631
Daytime Phone #