

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F99000001957**

1. Entity Name

ROTPUNKT KITCHEN MANAGEMENT, INC.**FILED**
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90227 014 ***550.00

UNCLAS AV

Principal Place of Business

**8871 BRIGHTON LANE
BONITA SPRINGS FL 34134**

Mailing Address

**8871 BRIGHTON LANE
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2455583**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WIEDEKAMP, GUENTHER
8871 BRIGHTON LANE
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, HEINZ-JURGEN	
STREET ADDRESS	LADESTR. 52	
CITY-ST-ZIP	BUNDE-ANTE 32251 GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABE, HORST	
STREET ADDRESS	LADESTR. 52	
CITY-ST-ZIP	BUNDE-ANTE 32251 GERMANY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIEDEKAMP, GUNTER	
STREET ADDRESS	8871 BRIGHTON LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAUS, HANS-MICHAEL	
STREET ADDRESS	1230 PEACHTREE ST. NE SUITE 3100	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYNIO, WOLFGANG	
STREET ADDRESS	LADESTR. 52	
CITY-ST-ZIP	BUNDE-ANTE 32257 GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: ✓

SIGNATURE *W. Rynio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

106.24.02 1 94-948-9793

CR2E034 (9/01)