

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2000 08:00 AM**
Secretary of State**DOCUMENT # G49190****1. Entity Name**
BREMEN-KIEL-HAMBURG, INC.

Principal Place of Business	Mailing Address
ONE SOUTHEAST THIRD AVENUE	1 S.E. 3RD AVENUE
SUITE 2130	SUITE 2130
MIAMI FL	MIAMI FL
33131	33131 US

2. Principal Place of Business	3. Mailing Address
ONE SOUTHEAST THIRD AVENUE	ONE SOUTHEAST THIRD AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 2130

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33131	US	33131	US

4. FEI Number	Applied For
59-2325716	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVE
SUITE 2130
MIAMI FL
33131

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	04/03/2000
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>DATE</small>

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.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	VSD <input type="checkbox"/> Delete
NAME	CALVERT YVONNE
STREET ADDRESS	1 SE AVE SUITE 2130
CITY-ST-ZIP	MIAMI FL

TITLE	PTD <input type="checkbox"/> Delete
NAME	JACKSON CARLA
STREET ADDRESS	1 SE AVE SUITE 2130
CITY-ST-ZIP	MIAMI FL

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT YVONNE
STREET ADDRESS	1 SE AVE SUITE 2130
CITY-ST-ZIP	MIAMI FL 33131

TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON CARLA
STREET ADDRESS	1 SE AVE SUITE 2130
CITY-ST-ZIP	MIAMI FL 33131

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 CARLA JACKSON**P** 04/03/2000