## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2001 8:00 am Secretary of State **DOCUMENT # H37899** STELLA MARIS MARKETING, INC. 05-01-2001 90027 043 \*\*\*150.00 Principal Place of Business Mailing Address 1100 LEE WAGENER BLVD. 1100 LEE WAGENER BLVD. SUITE 354 SUITE 354 FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 65-0433706 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANCE, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 1100 LEE WANGENER BLVD. SUITE 354 FT. LAUDERDALE FL 33315 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's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE Channe Addition FRIESE, JORG NAMÉ STREET ADDRESS 1100 LEE WAGENER BLVD, SUITE 354 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE Change Addition FUHRMANN, GERD NAME STREET ADDRESS 1100 LEE WAGENER BLVD, SUITE 354 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE ☐ Chance ☐ Addition NAME FOELLING, EBERHARD NAME STREET ADDRESS STREET ADDRESS 1100 LEE WAGENER BLVD, SUITE 354 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME KUSKA, PETER STREET ADDRESS 1100 LEE WAGENER BLVD, SUITE 354 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>FT. LAUDERDALE FL</u> TITLE ☐ Delete TITLE Addition ☐ Chance FRIESE, JOEL NAME STREET ADDRESS 1100 LEE WAGENER BLVD, SUITE 354 STREET ADDRESS CITY-ST-Z:P FT. LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 <u>Apr 01</u>