25-FEB-2002 14:09 UON Jürgen Kohne AN ... U1727/2002 10:23 FAL 94: 434 U338 KICHMAN DEIFIK LANIE

## FILED Mar 11, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT# <b>H417</b> Pare int., inc.	03-11-2002 90077 018 ***150.00							
Principal Place 2840 GOLDEN SUITE 205 NAPLES FL 34	GATE PARKWAY	Mailing Address 2840 Golden Gate Farkway Suite 205 Naples Fl. 94108			I TERPORA DIGI DARAH MANA TERPA META I				
2. Principal Pi	ace of Business	3. Mailing Address							
Sulte, Apt,	♥, œks.	Suite, Apr. #, etc.			DO NOT WRITE				
City & State		City & State			•. FEI Number 22-2420236	Applied Fcr Not Applie solo			
Zip	Country	Zip	Coun	lry	9. Carlilicate of Status Deshed	\$8.75 Additional Fee Flaquired			
	G. Name and Address of Current	Hegistered Agent		Name	7. Name and Address of New Regi	i a j Ageni		1	
	DNALD K., JR. DEN GATE PARKWAY			Street Address	(P.O. Box Number is Not Acceptable)	ти		1	
SUITE 200					<del>*************************************</del>		<del></del>	1	
NAPLES F	7. 34105			Gily		Zip Code			
8. The acces	named entity automits this starement i	or the purpose of changing it	regiaten	d office or registe	red agent, or both, in the State of Floric				
SIGNATURE _	Signature, lyperi or primod name of neglic —and Addin	א ביישעקע א פער אות א א א א א א א א א א א א א א א א א א	E. (Jedanwo	d Agent signamer require	) =hen (descriep)	17!			
Tax filing to	ration is eligible to satisfy its I trangible equirement and elects to do and in a control of the control of th				10. Election Campaion (finan Truet Fund Contribution.	\$5.0 Added	O May Bo I to Moes		
11.	PST OFFICE 18 AND	DIRECTORS Details	12.		ADDITIONS/CHANGES TO OFFICE	A ND DIRECTOR	S IN 11	}≘	
NAME SIREFT ADDRESS CITY-87-21-2	KOHNE, JURGEN MASSOLL EWEG 33 28355 BREMEN GERMANY	L Design	NAM STRF				. Accumon	CP2E034 (9/01)	
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DTLE NAME STRPET ADDRÉSS CHTY-ST-ZIF		_ Dekic		1		Champs	☐ Addition	-	
TITLE NAME STREET ADCHESS CITY-ST-ZIP		☐ Ddde	GIJY	ET ADDRILES • (T • 711"		Change	- Addition		
13. Thereby of indicated of the corp changed,	ertily that the information sur-plied wit on this report or supplements! report poration or the received or fruitee emp or on an attachment with an address.	in this filling does not qualify to is true and accurate and that sowered to execute this report with all other like empowered	r the exer my signat t at requi	mption stated in Se rure shall have the red by Chapter 60	action 119,07(3)(i), Florida Statutse, i   sems legal effect as il made under on 7, Florida Statutes; and that my name	if pentity that the in a larm an efficer	or director Block 12 If		
SIGNATURE: SULLINARD TYPED OR PRINTED HAME OF SIGNAL DEPARTED HAME OF SIGNAL DEPARTOR DEPARTOR DEPARTOR DEPARTOR DE DESCRIPCION DE DESCRIPCIO									
<b>27</b> -J	TAN-2002 17:24	941 434	4 0339	9		5,82	3		

## \* 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # <b>H4172</b> VARE INT., INC.	29		111114						
· ·	re of Business N GATE PARKWAY	Mailing Address 2640 GOLDEN GATE PARKWAY SUITE 206 NAPLES FL 34105			4206					
2. Principal Place of Business		3. Mailing Address			1 (00)061	1811 B1811 B1911 B				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		<b>4.</b> F	22-2420236		plied For t Applicable			
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Required	litional d			
	6. Name and Address of Current	Registered Agent			lame and Address of New Registered A	lgent				
	S	الى الرئيس دىياده رائيلا بيلانيني الياب	Name	Name—						
	onald K., Jr. Lden gate parkway		Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 20						1				
NAPLES I	rl 34105		City	City FL Zip Code						
SIGNATURE .	Signature, typed or printed name of registered agent a partial praction is eligible to satisfy its Intangible	nd title if applicable. (NOTE:	Registered Agent signature! FEE IS \$150.0	re required when re		\$5.0				
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200 Make Check Payabl			Trust Fund Contribution.	] Added	to Fees			
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KOHNE, JURGEN MASSOLL EWEG 33 28355 BREMEN GERMANY	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
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is. I nereby o	certify that the information supplied with	true and accurate and that m	me exemption stat	eu in Section 1	119.07(3)(i), Florida Statutes. I further cert	.ny mat the In	or director			

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 REQUIRED

Date

Daytime Phone #