

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87799

1. Entity Name

N78MP, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90018 018 ***150.00

Principal Place of Business

Mailing Address

URSULA RAMPE
4620 TWIN LAKES BLVD
FT. LAUDERDALE FL 33309

URSULA RAMPE
4620 TWIN LAKES BLVD
FT. LAUDERDALE FL 33309-3861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMPE, URSULA
4620 TWIN LAKES BLVD.
FT. LAUDERDALE FL 33309

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	P <input type="checkbox"/> Delete
NAME	WALATER, RAMPE
STREET ADDRESS	4620 TWIN LAKES BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP <input type="checkbox"/> Delete
NAME	CASTRINGLUS, RUDOLF
STREET ADDRESS	32 GEUMERINGER
CITY-ST-ZIP	PLANEGG GERMANY
TITLE	D <input type="checkbox"/> Delete
NAME	RAMPE, URSULA
STREET ADDRESS	4620 TWIN LAKES BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

Walter Rampe / **WALTER RAMPE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 6 2000 957-776-0023

CR2E034 (9/99)