## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am § Secretary of State DOCUMENT # L0000012848 1. Entity Name 05-13-2002 90207 042 \*\*\*\*50.00 FEEDINGBOWL TRADING, L.C. Principal Place of Business Mailing Address 100 N. BISCAYNE BLVD., 21ST FLOOR 100 N. BISCAYNE BLVD., 21ST FLOOR 960997 C/O BAUR KLEIN MATOS & RIED! C/O BAUR KLEIN MATOS & RIEDI MIAMI FL 33132-2306 MIAMI FL 33132-2306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1069729 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BAUR, THOMAS** Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD., 21ST FLOOR C/O BAUR KLEIN MATOS & RIEDI MIAMI FL 33132-2306 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITI F Change ☐ Addition NAME EINSLE, HANS D NAME STREET ADDRESS HEIDER STRASSE 9 D-25794 DOERPLING STREET ADDRESS CITY-ST-ZIP GERMANY CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME **GOETZ, ANNEROSE** NAME STREET ADDRESS BRAMFELDER CHAUSSEE 215 D-22177 HAMBURG STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

HANS D. EINSLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**