

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-03-2002 90014 005 ****50.00

DOCUMENT # L01000001065

1. Entity Name

AMERICAN INVEST L.C.

Principal Place of Business

**8695 COLLEGE PARKWAY, SUITE 339
 FORT MYERS FL 33919**

Mailing Address

**8695 COLLEGE PARKWAY, SUITE 339
 FORT MYERS FL 33919**

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

59-3704128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRECHEL, OLIVER
 8695 COLLEGE PARKWAY, SUITE 339
 FORT MYERS FL 33919**

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

**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

TITLE **PRESIDENT** ☐ Delete

NAME **OLIVER PRECHEL**
 STREET ADDRESS **16950 TIMBERLAKES DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **DR. ROLF KRAH**
 STREET ADDRESS **6103 DEER RUN**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **TREASURER** ☐ Delete

NAME **SIMONE PRECHEL**
 STREET ADDRESS **16950 TIMBERLAKES DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **SECRETARY** ☐ Delete

NAME **DR. GUDRUN KRAH**
 STREET ADDRESS **6103 DEER RUN**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

OLIVER PRECHEL

03-05-02

941-481 8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)