

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90002 015 \*\*\*550.00

DOCUMENT # **L24838**

1. Entity Name

**GGD GRUNDBESITZ GEBRUEDER DUDE, INC.**

Principal Place of Business

Mailing Address

~~500 AUSTRALIAN S. AVE.~~  
~~STE 110~~  
 WEST PALM BEACH FL 33401  
~~US~~

~~500 AUSTRALIAN S. AVE.~~ *211 Royal P*  
~~STE 110~~  
 WEST PALM BEACH FL 33401  
 US

2. Principal Place of Business

3. Mailing Address

*211 Royal Poinciana*  
 Suite, Apt. #, etc.  
*Suite A*

*211 Royal Poinciana Way*  
 Suite, Apt. #, etc.  
*Suite A*



DO NOT WRITE IN THIS SPACE

City & State  
*Palm Beach FL*

City & State  
*PALM Beach FL*

4. FEI Number **65-0187179**

Applied For  
 Not Applicable

Zip  
*33480*

Country  
*USA*

Zip  
*33480*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUDE, HARALD**  
**500 AUSTRALIAN AVE. S.**  
~~STE 110~~  
**W. PALM BEACH FL 33401**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*211 Royal Poinciana Way*  
*Suite A*  
 City *Palm Beach* **FL** Zip Code *33480*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTS</b>	<b>DUDE, HAROLD</b>	<b>500 AUSTRALIAN AVE. S.</b>	<input type="checkbox"/>
		<b>W. PALM BEACH FL</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>211 Royal Poinciana Way</i>	<i>Palm Beach FL 33480</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/1/00*  
 Date

Daytime Phone #

CR2E034 (5/00)