

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L47248**

1. Entity Name

CAFE HEIDELBERG, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90011 012 ***150.00

Principal Place of Business

Mailing Address

24 WILLOW ROAD
TEQUESTA FL 33469
US

% HORST EDLER
24 WILLOW ROAD
TEQUESTA FL 33469-2616
US

2. Principal Place of Business

24 WILLOW ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State
TEQUESTA, FL

Zip
33469-2616

Country
U.S.

Zip

Country

4. FEI Number

65-0202927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDLER, HORST
24 WILLOW RD
TEQUESTA FL 33458

7. Name and Address of New Registered Agent

Name

VERENA EDLER

Street Address (P.O. Box Number is Not Acceptable)

24 WILLOW RD.

City

TEQUESTA,

FL

Zip Code

33469-2616

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

Verena Edler **VERENA EDLER, D.**

2/02/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	EDLER, VERENA	
STREET ADDRESS	24 WILLOW RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDLER, HORST	
STREET ADDRESS	24 WILLOW RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Verena Edler **VERENA EDLER**

2/02/2000

561-743-8738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #