

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008943 AF

DOCUMENT # L98000003357

1. Entity Name  
HANSEN DESIGN L.C.

HANSEN GROUP, L.C.

Principal Place of Business  
2854 STIRLING ROAD, SUITE A  
HOLLYWOOD FL 33020

Mailing Address  
100 N BISCAYNE BLVD  
STE 2100  
MIAMI FL 33132

FILED

01 MAR 15 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 100

City & State

City & State  
Miami, Florida

4. FEI Number 65-0884344

Applied For

Not Applicable

Zip

Country

Zip  
33126

Country  
USA

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

REUS, ALEXANDER ESQ.  
BAUR, WOODBRIDGE, REUS, & KLEIN, P.A.  
100 N BISCAYNE BLVD., SUITE 2100  
MIAMI FL 33132-2306

Name

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

c/o Becker & Pöliakoff, P.A.

5201 Blue Lagoon Drive, Suite 100

City  
Miami

FL

Zip Code  
33126

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

*Alexander Reus*

Alexander Reus

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
J. HANSEN, GMBH  
GRADITZER STRASS 85E, D-50735  
KOLN, GERMANY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300003893013-4  
-03/22/01-01073-016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: J. Hansen GmbH  
J. S. Muehleger

*J. S. Muehleger*

3/12/01

305-262-4433

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

Date

Daytime Phone #

CR2E083 (11/00)