

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006248

1. Entity Name

GERMAN COMMERCIAL CONSULTING, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 1:56

Principal Place of Business

3501 DEL PRADO BLVD., SUITE 110
CAPE CORAL FL 33904

Mailing Address

3501 DEL PRADO BLVD., SUITE 110
CAPE CORAL FL 33904-7210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12741 World Plaza Lane, Building 84
Suite 3

3. Mailing Address

5109 Del Prado Blvd.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, Florida

Zip
33907

Country
USA

City & State
Cape Coral, Florida

Zip
33904

Country
USA

4. FEI Number

65-0963103

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTEL VIOLA
5109 DEL PRADO BLVD.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
VIOLAS PARADISE HOLDING COMPANY, L.C.
3501 DEL PRADO BLVD., SUITE 110
CAPE CORAL FL 33904

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
VIOLAS PARADISE HOLDING COMP, L.C.
5109 Del Prado Blvd.
Cape Coral, FL 33904

☒ Change

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Viola T. Bartel
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/14/2000

Date

941-540-0713

Daytime Phone #

CR2E083 (9/99)