

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M 43554**
 1. Entity Name
Concordia Florida Properties, Inc.

FILED
 00 MAY 25 PM 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
16420 Collins Avenue
Miami Beach, Florida 33160 **Same**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2777819**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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 _____ (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 VP/S <input checked="" type="checkbox"/> Delete	NAME Gert Kleikamp
STREET ADDRESS 164 45 Collins Avenue	CITY-ST-ZIP Miami Beach, Florida 33160
TITLE <input type="checkbox"/> Delete	NAME Geert W. Flammersfeld
STREET ADDRESS 16420 Collins Avenue	CITY-ST-ZIP Miami Beach, Florida 33160
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 P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Franz C. Diterich
STREET ADDRESS 16420 Collins Avenue	CITY-ST-ZIP Miami Beach, Florida 33160
TITLE VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Geert W. Flammersfeld
STREET ADDRESS 16420 Collins Avenue	CITY-ST-ZIP Miami Beach, Florida 33160
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	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:  **Geert W. Flammersfeld, V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)