## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **M52556** COSMOPOLITAN CLUBS INTERNATIONAL, INC. 04-28-2001 90046 035 \*\*\*158.75 Principal Place of Business Mailing Address C/O FRANK THOMA C/O FRANK THOMA KONRAD- ADENAUER- ALLEE 35 KONRAD- ADENAUER- ALLEE 35 D86150 AUGSBURG, GERMANY D86150 AUGSBURG, GERMANY Principal Place of Business o Claus Sendlinger DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0366191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Jerman 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMA, FRANK 4400 GATE LANE MIAMI FL 33137 Le Jeune Road, Suite 312 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 ZOMER FELD registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Claus Sendlinger 323b Pine Street TITLE ☐ Delete TITLE ☐ Change CR2E034 (10/00) NAME THOMA, FRANK NAME STREET ADDRESS **KONRAD-ADENAUER-ALLEE 35** STREET ADDRESS Sausalito, CA 94965 CITY-ST-ZIP CITY-ST-ZIP D86150 AUDSBURG, GERMANY Addition TITLE TITLE Delete NAME VPN TAUFKIRCHEN, PATRICIA NAME STREET ADDRESS STREET ADDRESS 3236 Pine Street Sausalito CA 94 **KONRAD-ADENAUER-ALLEE 35** CITY-ST-ZIP CITY-ST-ZIP D86150 AUDSBURG, GERMANY TITLE ☐ Delete TITLE Juan Cornejo 3236 Pine Street NAME NAME STREET ADDRESS STREET ADDRESS sausalito, CA 94965 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.