

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 044 ***150.00

DOCUMENT # M52556

1. Entity Name

COSMOPOLITAN CLUBS INTERNATIONAL, INC.

642907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Claus Sendlinger

Suite, Apt. #, etc.

Konrad-Adenauer-Allee 35

City & State

Augsburg

Zip

Country

D-86150 Germany

3. Mailing Address

c/o Anita Sterling

Suite, Apt. #, etc.

15270 N. 83rd Place

City & State

Scottsdale AZ

Zip

Country

85260 USA

4. FEI Number

65-0366191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Raymond Zomerfeld

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

999 Ponce de Leon Blvd., Suite 1045

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P/T/D
Claus Sendlinger
15270 N. 83rd Place
Scottsdale, AZ 85260

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
Juan Cornejo
15270 N. 83rd Place
Scottsdale, AZ 85260

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Cornejo

Juan Cornejo

4/11/02

(415) 786-1583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)