

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90069 028 ***150.00

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DOCUMENT # P00000004636

1. Entity Name
KLINK DEVELOPMENT, CORP.

Principal Place of Business Mailing Address
5201 BLUE LAGOON DR. STE 100 **5201 BLUE LAGOON DR. STE 100**
MIAMI FL 33126 **MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
722 Robert Ave **P.O. Box 0819**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Lehigh Acres, FL **Lehigh Acres, FL** **65-0982197** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33972 **Lee** **33970** **Lee**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
REUS, ALEXANDER ESQ Name **Kantenwein, Joachim**
C/O BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) **722 Robert Ave**
5201 BLUE LAGOON DRIVE, STE 100 City **Lehigh Acres** **FL** Zip Code **33972**
MIAMI FL 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 **Joachim Kantenwein** *[Signature]* DATE **03.11.02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINK, DIETMAR C/O 5201 BLUE LAGOON DR STE 100 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Dietmar Klink** *[Signature]* DATE **03.11.02** Daytime Phone # **941-369-7265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)