

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90706 001 ***750.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012022

1. Entity Name

3952 NEPTUNE CORPORATION

Principal Place of Business
C/O CHRISTOPHER LANGEN
POST OFFICE BOX 398570
MIAMI BEACH FL 33239-8570

Mailing Address
C/O CHRISTOPHER LANGEN
POST OFFICE BOX 398570
MIAMI BEACH FL 33239-8570

93066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGEN, CHRISTOPHER
511 SOUTH HIBISCUS DRIVE
MIAMI FL 33139-5130

Name

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

112 S. HIBISCUS DR.

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 releasing)

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, 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
HOFSTETTER, RICHARD
C/O POST OFFICE BOX 398570 N/A
MIAMI BEACH FL 33239-8570

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

TITLE
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CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

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:

RICHARD HOFSTETTER, PRESIDENT - 2002-03-10 / 305-948-0760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)