

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90061 043 ***150.00

DOCUMENT # P00000017094

1. Entity Name

Trepalla Corporation

Principal Place of Business

Mailing Address

4712 SW 29th Avenue
Cape Coral, FL 33914

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Cape Coral, FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1021452

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

Wright, Christine F
1105 Cape Coral Parkway East
Suite C
Cape Coral, FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$350.00
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

TITLE
NAME D Wings, Juergen ☒ Delete
STREET ADDRESS A Lagrim Str.16-1
CITY-ST-ZIP D-Weinheim Germany

TITLE
NAME D Wings, Juergen ☒ Change ☐ Add
STREET ADDRESS Aribostasse 18
CITY-ST-ZIP D-83700 Rottach-Egern Germany

TITLE
NAME D- Wings, Ingrid ☒ Delete
STREET ADDRESS A Lagrim Str.16-1
CITY-ST-ZIP D-Germany

TITLE
NAME D Wings, Ingrid ☒ Change ☐ Add
STREET ADDRESS Aribostasse 18
CITY-ST-ZIP D-83700 Rottach-Egern Germany

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juergen Wings, Dir. 1/12/01 9445407001