

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027670 AMENDED

1. Entity Name

LINKENA AMERICA, INC.

Principal Place of Business  
6100 Glades Road, Suite 310  
Boca Raton, Florida 33434

Mailing Address  
6100 Glades Road, Suite 310  
Boca Raton, Florida 33434

2. Principal Place of Business  
3020 N. Military Trail  
Suite, Apt. #, etc.  
Suite 275

3. Mailing Address  
3020 N. Military Trail  
Suite, Apt. #, etc.  
Suite 275

City & State  
Boca Raton, Florida

City & State  
Boca Raton, Florida

Zip Country  
33431 Palm Beach

Zip Country  
33431 Palm Beach

4. FEI Number  
65-0995189

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Gregory M. Nordt, Esq.  
Greenspoon, Marder, Hirschfeld, P.A.  
100 W. Cypress Creek Road, Suite 700  
Fort Lauderdale, Florida 33309

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$35.00

Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wendy Geesi 6100 Glades Road, Suite 310 Boca Raton, Florida 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herbert P. Goertz 3020 N. Military Trail, Suite 275 Boca Raton, Florida 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Goertz Oberseckl 11 CH 6318 Walchwil, Switzerland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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