

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 11, 2002 8:00 am
Secretary of State

05-21-2002 90885 012 ***150.00

DOCUMENT # P010000024131. Entity Name
INTERNETAUSKUNFT, INC.Principal Place of Business
**100 NORTH BISCAYNE BOULEVARD
STE 3000-NEW WORLD TOWER
MIAMI FL 33132**Mailing Address
**100 NORTH BISCAYNE BOULEVARD
STE 3000-NEW WORLD TOWER
MIAMI FL 33132**

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
65-1065479Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEYDASCH, AXEL
100 N BISCAYNE BLVD 30TH FL
MIAMI FL 33132**

7. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent signature required when renewing)

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 \$350.00
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 SAVIGNY, HUBERTUS VON TRAGEN 63579 FREIGEREICHT GERMANY	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director President Daniel Dechamps 50 Corporate Ave Plainville, CT 06062	☒ Change ☒ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit

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: **Daniel D. Dechamps**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2002 804633105

Date

Daytime Phone #