

2002 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
May 12, 2002 8:00 am
Secretary of State

03-26-2002 90046 041 ***150.00

DOCUMENT # P01000022164

1. Entity Name

JOERG FEDDECK, INC.

Principal Place of Business

**3839 NORTHWEST 4TH AVENUE
BOCA RATON FL 33431**

Mailing Address

**3839 NORTHWEST 4TH AVENUE
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

236 NW 3rd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton Florida

4. EEI Number

651081089

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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, 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
**PSD
FEDDECK, JOERG
3839 NORTHWEST 4TH AVENUE
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**V
PFAFF, FRANK
3839 NORTHWEST 4TH AVENUE
BOCA RATON FL 33431** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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**T
FEDDECK, MELANIE
3839 NORTHWEST 4TH AVENUE
BOCA RATON FL 33431** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Melanie Feddeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/3/02 (560) 620 8965
Date Daytime Phone #

CP2E034 (9/01)