

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90046 007 \*\*\*150.00

**DOCUMENT # P01000032436**

1. Entity Name  
**DEUTSCHLAND FUSSBALL, INC.**

Principal Place of Business  
**700 NE 26 TER SUITE 1004**  
**MIAMI FL 33137**

Mailing Address  
**700 NE 26 TER SUITE 1004**  
**MIAMI FL 33137**

2. Principal Place of Business  
**490 NE 110 St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**490 NE 110 St**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
 Zip  
**33161**  
 Country  
**USA**

City & State  
**MIAMI FL**  
 Zip  
**33161**  
 Country  
**USA**

4. FEI Number  
**65-1090123**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**KUHNKE, ERICH**  
**700 NE 26 TER SUITE 1004**  
**MIAMI FL 33137**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**490 NE 110 St**  
 City  
**MIAMI FL** Zip Code  
**33161**

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**  
 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	Delete
	<b>D KUHNKE, ERICH</b>	<b>700 NE 26 TER SUITE 1004</b>	<b>MIAMI FL 33137</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>DIRECTOR</b>	<b>ERICH KUHNKE</b>	<b>490 NE 110 St</b>	<b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02** **954 553 / 0553**  
 Date Daytime Phone #