

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 018 ***150.00

DOCUMENT # PO1000047325

1. Entity Name

Dr. Saathoff Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2381 NE 14 St. #203

Suite, Apt. #, etc.

3. Mailing Address

2381 NE 14 St. #203

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, Fl.

City & State

Pompano Beach, Fl.

4. FEI Number

65-1099765

Applied For

Not Applicable

Zip
33062-8269

Country
USA

Zip
33062-8269

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Dr. Hendrik Saathoff

Street Address (P.O. Box Number is Not Acceptable)
2381 NE 14 St. #203

City Pompano Beach

FL

Zip Code
33062-8269

**DO NOT WRITE
IN THIS SPACE**

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

Dr. Hendrik Saathoff

06/03/02

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

P/S/T.

NAME

Dr. Hendrik Saathoff

STREET ADDRESS

2381 NE 14 St. #203

CITY - ST - ZIP

Pompano Beach, Fl. 33062

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Hendrik Saathoff

06/03/02

305 4014358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Date: 06/03/02

Attachment
PO/000047325
116982

To Whom It May Concern:

I was unaware that the Filing is due by May 01, 02.

I was out of the country and did not receive my mail.

Please grant me an exemption to the due date.

Sincerely,

A handwritten signature in black ink, appearing to be 'H. Saathoff', with a long horizontal stroke extending to the right.

Dr. Hendrik Saathoff