

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90236 038 ***150.00

DOCUMENT # P01000085023

1. Entity Name
FIVE CONTINENTS TRADING AND INVESTMENTS, INC.

Principal Place of Business

**5201 BLUE LAGOON DR. SUITE 100
 MIAMI FL 33126**

Mailing Address

**5201 BLUE LAGOON DR. SUITE 100
 MIAMI FL 33126**

2. Principal Place of Business

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Coral Gables, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1134544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REUS, ALEXANDER

**5201 BLUE LAGOON DR, SUITE 100
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Stefan von Campe**

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

901 Ponce de Leon Blvd.

City **Coral Gables**

FL

Zip Code

33134

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 **Stefan von Campe**

STEFAN VON CAMPE, D

4/20/02

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) ☐

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

TITLE **D** ☐ Delete
 NAME **VON CAMPE, HILMAR**
 STREET ADDRESS **5201 BLUE LAGOON DR, SUITE 100**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete
 NAME **VON CAMPE, STEFAN**
 STREET ADDRESS **5201 BLUE LAGOON DR, SUITE 100**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **VON CAMPE, HILMAR**
 STREET ADDRESS **901 PONCE DE LEON BLVD, SUITE 606**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME **VON CAMPE, STEFAN**
 STREET ADDRESS **901 PONCE DE LEON BLVD, SUITE 606**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

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

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: **Stefan von Campe**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

719-579-7453
 Daytime Phone #

CR2E034 (9/01)