

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-21-2003 90355 047 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P38518**

1. Entity Name
ROHDE & LIESENFELD, INC.



Principal Place of Business
**2200 NW 110TH AVE.
SUITE 301
MIAMI FL 33172**

Mailing Address
**535 8TH AVENUE
17 FLOOR
NEW YORK NY 10018**

55053749



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2859141**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PATRICK JACOB, E.V.P.

7/17/03

FILE NOW! FEE IS \$750.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **C LIESENFELD, DIETER**
STREET ADDRESS **ALSTERTOR 21**
CITY-ST-ZIP **HAMBURG GERMANY**

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

TITLE ☐ Delete
NAME **P LIESENFELD, BODO**
STREET ADDRESS **ALSTERTOR 21**
CITY-ST-ZIP **HAMBURG GERMANY**

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

TITLE ☐ Delete
NAME **VP JACOB, PATRICK**
STREET ADDRESS **535 8TH AVENUE 17 FL**
CITY-ST-ZIP **NEW YORK NY 10018**

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

TITLE ☐ Delete
NAME **S WALTER, ROLAND**
STREET ADDRESS **ALSTERTOR 21**
CITY-ST-ZIP **HAMBURG GERMANY**

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

TITLE ☐ Delete
NAME **T SCHARREL, PETER**
STREET ADDRESS **ALSTERTOR 21**
CITY-ST-ZIP **HAMBURG GERMANY**

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

TITLE ☐ Delete
NAME **VP LUMPERT, DANIEL**
STREET ADDRESS **535 8TH AVENUE 17 FL**
CITY-ST-ZIP **NEW YORK NY 10018**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PATRICK JACOB, E.V.P. 8/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)