

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90121 033 ***150.00

DOCUMENT # P93000059154

1. Entity Name

HANS & HANS, INC.

Principal Place of Business

Mailing Address

333 SUNSET DRIVE #303
 FORT LAUDERDALE, FLORIDA 33301

333 SUNSET DRIVE #303
 FORT LAUDERDALE, FLORIDA 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fee Number

65-0432417

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

7. Name and Address of New Registered Agent

GERTRUD KLAETRE
 333 SUNSET DRIVE #303
 FORT LAUDERDALE, FLORIDA 33301

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 the filer)

(NOTE: Registered Agent signature required when not changing)

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, 2000 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 P/D
NAME GERTRUD KLAETRE #303
STREET ADDRESS 333 SUNSET DRIVE
CITY-STATE-ZIP FORT LAUDERDALE, FLORIDA 33301

☐ Delete

☐ Change ☐ Addition

TITLE VP. D
NAME IGOR KLAETRE #303
STREET ADDRESS 333 SUNSET DRIVE
CITY-STATE-ZIP FORT LAUDERDALE, FLORIDA 33301

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERTRUD KLAETRE
 4/28/2000 954-467-1923

CR2E034 (9/99)