2000 UNIFORM BUSINES'S REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P93000064631** HOOKAI - INVESTMENT INCORPORATED 03-15-2000 90093 048 ***150.00 Principal Place of Business Mailing Address CLARSTON DRIVE 26511 CLARSTON DRIVE **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite', Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3200032 Not Applicable Country Ζıρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAXUMΜΑΝΑΘΕΜΕΝΤ CONE, FRED M JR. Street Address (P.O. Box Number is Not Acceptable) 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204 TAMIAMI # 151 TR Zip Code 34/10 ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named WEYERS - VP 03/06/00 SIGNATURE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE WEYERS, JUERGEN NAME NAME 26511 CLARKSTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BONITA SPRINGS FL 34135** Addition TITLE □ Delete GOODMAN, STAN . NAME NAME STREET ADDRESS 20518 CLARKSTON DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF **BONITA SPRINGS FL 34135** ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby certify that the information supplied with this filling 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 rustee 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

03/06/00

Daytime Phone #

☐ Change

■ Addition