2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P93000064631

APPROVED AND FILED

00 NOV 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Hookai-Investment Incorporated

Principal Place of Business
26511 Clarkston Dr
Bonita Springs, FL 34135

Mailing Address
26511 Clarkston Dr
Bonita Springs, FL 341356

2. Principal Place of Business
18570 Deep Passage Ln
Suite, Apt. #, etc.
City & State: Ft. Myers Beach, FL
Zip: 33931 Country: Lee

3. Mailing Address
18570 Deep Passage Ln
Suite, Apt. #, etc.
City & State: Ft. Myers Beach, FL
Zip: 33931 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3200032 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Maxum Management, Corp.
11983 Tamiami Tr. N, #151
Naples, FL 34110

7. Name and Address of New Registered Agent
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 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, 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

Title	Name	Street Address	City-St-Zip	Delete
D	Weyers, Juergen	26511 Clarkston Dr.	Bonita Springs, FL 34135	☒
P	Goodman, Stan	20518 Clarkston Dr.	Bonita Springs, FL 34135	☒
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change	Add
DPST	Kaisinger, Klaus	18570 Deep Passage Lane	Ft. Myers Beach, FL 33931	☐	☒
				☐	☐
				☐	
				☐	
				☐	☐
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Klaus Kaisinger, Dr. 11/11/00 9413707007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #