2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

APPROVED AND FILED

00 NOV 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064631

1. Entity Name

Hookai-Investment Incorporated

Principal Place of Business	Mailing Address
26511 Clarkston Dr Bonita Springs, FL 34135	26511 Clarkston Dr Bonita Springs, FL 341356

2. Principal Place of Business	3. Mailing Address
18570 Deep Passage Ln	18570 Deep Passage Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers Beach, FL	City & State: Ft. Myers Beach, FL
Zip: 33931 Country: Lee	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	7. Name and Address of New Registered Agent
Maxum Management, Corp. 11983 Tamiami Tr. N, #151 Naples, FL 34110	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Weyers, Juergen 26511 Clarkston Dr. Bonita Springs, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Kaisinger, Klaus 18570 Deep Passage Lane Ft. Myers Beach, FL 33931	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Goodman, Stan 20518 Clarkston Dr. Bonita Springs, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003478548--0 11/28/00--01100--014 *****61.25 *****61.25	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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