

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064631

1. Entity Name
HOOKAI - INVESTMENT INCORPORATED

Principal Place of Business
18570 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931

Mailing Address
18570 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 GOLDEN B, INC

Street Address (P.O. Box Number is Not Acceptable)

18570 DEEP PASSAGE LN.

City FT. MYERS BEACH

FL

Zip Code 33931

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

JUERGEN WEYERS as President

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 DPST
NAME KAISINGER, KLAUS
STREET ADDRESS 18570 DEEP PASSAGE LANE
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/01

941-273-3889

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90007 032 ***550.00



DO NOT WRITE IN THIS SPACE

0124536 AT

CP2E034 (5/01)