2002 UNIFORM BUSINESS REPORT (UBR)

SHOTZ KUSTEPDEOL

SIGNATURE: _

Secretary of State P95000002851 **DOCUMENT #** 1. Entity Name 03-19-2002 90027 048 ***150.00 RERO CORPORATION Principal Place of Business Mailing Address 4344 S.E. 3RD AVENUE . C/O BRUCATO TAX CONSULTING INC CAPE CORAL FL 33904 615 CAPE CORAL PKWY W 104 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4344 S.W. ZRD AVE 4344 S.W. 37DAVE City & State 4. FEI Number Applied For CADE CORAL 65-0594649 SCAPE CORT Not Applicable \$8.75 Additional 5. Certificate of Status Desired TLORIDA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLF MOTZ KUS BRUCATO, PHILIP Street Address (P.O. Box Number is Not Acceptable) 615 CAPE CORAL PKWY W 104 CAPE CORAL FL 33914 CAPE CORAL 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. OTZKUS. 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Delete TITLE TITLE Change ☐ Addition MOTZ 4US, ROLF MOTZKUS, ROLF NAME NAME HECKENSTRASSE 19 HECKENSTRASSE 119 STREET ADDRESS STREET ADDRESS D-74736 HARDHEIM, GERMANY CITY-ST-ZIP CITY-ST-ZIP D- 74736 GERHANY Change Addition TITLE ☐ Delete TITLE HOTZKUS REINTRAUD HELLENSTRASSE 19 REINTRAUD, MOTZKUS NAME NAME STREET ADDRESS HECKENSTRASSE 119 STREET ADDRESS 74736 HARDHEIM, GERMANY CITY-ST-ZIP 14736 HARDHEIM CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-7IP. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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FILED Mar 19, 2002 8:00 am