

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058811

1. Entity Name

FLORIDA IMMOBILIEN INVEST INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90133 049 ***150.00

Principal Place of Business

Mailing Address

2301 DEL PRADO BLVD
SUITE 100
CAPE CORAL FL 33904
US

2301 DEL PRADO BLVD
SUITE 100
CAPE CORAL FL 33990-4698
US

B0005802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0661731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICKEL, GUDRUN MARIA P.A.
350 FIFTH AVENUE SOUTH, #200
NAPLES FL 33940

Name

Street Address (R.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 IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEISCHMANN, JOHANNES
2301 DEL PRADO BLVD SUITE 100
CAPE CORAL FL

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
HEINDL, FRIEDRICH
2301 DEL PRADO BLVD SUITE 100
CAPE CORAL FL

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

941 772 2020

Date

Daytime Phone #

CR2E034 (9/99)