

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90019 017 \*\*\*150.00

**DOCUMENT # P96000001330**

1. Entity Name  
**AXTMANN HOLDINGS, INC.**

Principal Place of Business  
**3255 NE 184TH ST APT 12504  
 AVENTURA FL 33160**

Mailing Address  
**3255 NE 184TH ST APT 12504  
 AVENTURA FL 33160-4993**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3140 North Bay Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3140 North Bay Rd**  
 Suite, Apt. #, etc.

City & State  
**Miami Beach, FL**  
 Zip  
**33140**  
 Country  
**USA**

City & State  
**Miami Beach, FL**  
 Zip  
**33140**  
 Country  
**USA**

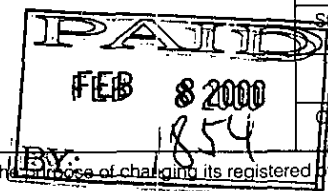
4. FEI Number **65-0644604**  
 Applied For  
 Not Applicable

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

**AXTMANN, SIEGFRIED E  
 3255 NE 184TH ST APT 12504X  
 AVENTURA FL 33160**



Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3140 North Bay Road**  
 City **Miami Beach** FL Zip Code **33140**

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 \_\_\_\_\_ (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	<b>PD AXTMANN, SIEGFRIED E 3500 ISLAND BLVD PENTHOUSE 4 WILLIAMS ISLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Axtmann, Siegfried E 3140 North Bay Road Miami Beach, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] **A. Mars** Date: **2/8/00** Daytime Phone #: **305-531-4941**

CR2E034 (9/99)