## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9600003103 May 18, 2000 8:00 am Secretary of State 1. Entity Name WILLI MEWES ENTERPRISES U.S.A., INC. 05-18-2000 90384 025 \*\*\*150.00 Mailing Address Principal Place of Business C/O LAW OFFICE OF JAMES STUBER C/O LAW OFFICES OF JAMES STUBER 777 S FLAGLER DRIVE #800 W 777 S. FLAGLER DR #800 W WEST PALM BEACH FL 33401-6163 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 441/ BEACOHCIRCLE 4411 Beacon Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite I.A. Suite IA City & State West Balm Beach Applied For 4. FEI Number 65-0642095 West Rodm Beach Not Applicable Country \*\*DS\*\*\* \*\*D\*\*\* \*\*D\*\* \*\* \*\*D\*\* \* \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Phikppe J. Brian Street Address (P.O. Box Number is Not Acceptable) 44// Beacon Circle STUBER, JAMES A 777 SOUTH FLAGLER DR, STE 800 W W PALM BEACH FL 33401 West Palm Beach Zip Code **33407** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS DPST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEWES, WILLI NAME STREET ADDRESS 3301 S OCEAN BLVD APT 905 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL ☐ Addition ☐ Delete TITI F ☐ Change STUBER, JAMES A NAME NAME STREET ADDRESS STREET ADDRESS 777 S FLAGLER DR, #800 W CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL **Addition** TITI F Delete TITLE Philippe J. Brian 4411 Beacon Circle Swife 1A West Palm Beach FC 37407 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 ergpowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE:

NAME

TITLE NAME

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