

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90102 014 ***150.00

DOCUMENT # P96000003103

1. Entity Name

WILLI MEWES ENTERPRISES U.S.A., INC.

Principal Place of Business

**4411 BEACON CIR.
 STE 1A
 WEST PALM BEACH FL 33407
 US**

Mailing Address

**4411 BEACON CIR.
 STE 1A
 WEST PALM BEACH FL 33407
 US**

2. Principal Place of Business

205 WORTH AVENUE

3. Mailing Address

205 WORTH AVENUE

Suite, Apt. #, etc.

307C

Suite, Apt. #, etc.

307C

City & State

PALM BEACH FLORIDA

City & State

PALM BEACH FLORIDA

4. FEI Number

65-0642095

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRIAN, PHILIPPE J
 4411 BEACON CIR.
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **PHILIPPE J. BRIAN**
 Street Address (P.O. Box Number is Not Acceptable)
205 WORTH AVENUE
SUITE 307C
 City **PALM BEACH** **FL** Zip Code **33480**

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 *Philippe J Brian*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-29-01
 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, 2001 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

TITLE **DPST** ☐ Delete
 NAME **MEWES, WILLI**
 STREET ADDRESS **3301 S OCEAN BLVD APT 905**
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **AS** ☐ Delete
 NAME **STUBER, JAMES A**
 STREET ADDRESS **777 S FLAGLER DR, #800 W**
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE **AS** ☐ Delete
 NAME **BRIAN, PHILIPPE J**
 STREET ADDRESS **4411 BEACON CIR., STE 1A**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

(Correction) ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **301 CLEMATIS STREET SUITE 200**
 CITY-ST-ZIP **W. PALM BEACH FL 33401**

(Correction) ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **205 WORTH AVENUE SUITE 307C**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

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: *Philippe J Brian* *As Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-01 (561) 835 1111
 Date Daytime Phone #

CR2E034 (10/00)