

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 048 ***150.00

DOCUMENT # *P9600 0038297*

1. Entity Name

K. L. Hecht Inc.
German - American Healthcare Systems

Principal Place of Business

Mailing Address

1953 Colonial Blvd *1953 Colonial Blvd*
St. Myres, Fl. 33907 *St. Myres Fl 33907*

2. Principal Place of Business

2889 Winthrop Cr.

3. Mailing Address

2221 SW 43rd Lane

Suite, Apt. #, etc.

Vanderbilt Lake

Suite, Apt. #, etc.

7

City & State

Donita Beach Fl.

City & State

Cape Coral Fl

Zip

34134

Country

USA

Zip

33914

Country

USA

4. FEI Number

65-0683380

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Shelly A Deroven
1953 Colonial Blvd
St. Myres Fl. 33907

7. Name and Address of New Registered Agent

Name *Shelly A Deroven*
Street Address (P.O. Box Number is Not Acceptable) *12730 New Brittany Blvd.*
St. Myres **FL** Zip Code *33907*

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

Shelly A Deroven

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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

TITLE	<i>PS</i>	<input type="checkbox"/> Delete
NAME	<i>Hecht, Kunigunde</i>	
STREET ADDRESS	<i>2889 Winthrop Circle Vanderbilt Lake</i>	
CITY-ST-ZIP	<i>Donita Springs Fl. 34134</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Hecht, Ludwig Dr.</i>	
STREET ADDRESS	<i>2889 Winthrop Cr. Vanderbilt Lake</i>	
CITY-ST-ZIP	<i>Donita Springs Fl. 34134</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kunigunde Hecht

Date

4/30/00

Daytime Phone #

CR2 034 (9/99)