

2002 UNIFORM BUSINESS REPORT (U-3)

FILED
May 24, 2002 8:00 am
Secretary of State

04-03-2002 90040 030 ***158.75

DOCUMENT # P97000043973

1. Entity Name

HANZE GOLDEN BEAR, INC.

Principal Place of Business

421 S. GOLDENROD ROAD
 ORLANDO FL 32822-8121

Mailing Address

421 S. GOLDENROD ROAD
 ORLANDO FL 32822-8121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3453680

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HANZE, KARINA E
 11303 LAKEVIEW DRIVE
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name Julio HANZE, SR.

Street Address (P.O. Box Number is Not Acceptable)

1710 BILLINGHURST CT.

City Orlando

FL

Zip Code 32825

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

Julio HANZE, SR.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-02

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, 2002 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 NAME ☒ Delete

P
 HANZE, KARINA E
 11303 LAKEVIEW DRIVE
 CORAL SPRINGS FL 33071

TITLE NAME ☐ Delete

S
 HANZE, JULIA
 11303 LAKEVIEW DRIVE
 CORAL SPRINGS FL 33071

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

P/S/D
 JULIO HANZE, SR.
 1710 BILLINGHURST CT.
 ORLANDO FL 32825

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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 included 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 affidavit, notary public or powered.

SIGNATURE:

Julio HANZE, SR.

03-26-02

Date

Daytime Phone #

CR2E034 (9/01)