

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091572

1. Entity Name

BUKKEHAVE INTERNATIONAL CORPORATION

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90057 018 ***150.00

Principal Place of Business

1800 ELLER DRIVE SUITE 420
FORT LAUDERDALE FL 33316
US

Mailing Address

P.O. BOX 13143
FORT LAUDERDALE FL 33316-0100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0826880

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BREIT, RICHARD H
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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 D ☐ Delete
NAME BUKKEHAVE, HANS CHRISTIAN
STREET ADDRESS CHRISTIANSMINDEVEJ 4
CITY-ST-ZIP DK-5700 SVENDBORG, DENMARK

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ALAN S. BECKER
STREET ADDRESS FT. LAUDERDALE
CITY-ST-ZIP 3111 STIRLING RD, P.O. BOX 9057 FL 33310

TITLE D ☐ Delete
NAME HAAR, CHRISTIAN
STREET ADDRESS 1800 ELLER DR, SUITE 420, P.O. BOX 13143
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE D ☐ Change ☒ Addition
NAME TOHEI TAKEUCHI
STREET ADDRESS 1-14-12 MINAMI SENZOKU, OHTA-KU, 145-0063
CITY-ST-ZIP JAPAN

TITLE D ☐ Delete
NAME BARKUN, PETER
STREET ADDRESS 7, ROSCROFT AVENUE HAMPSTEAD
CITY-ST-ZIP LONDON NW37QA ENGLAND

TITLE T ☐ Change ☒ Addition
NAME JOERN RAASCHOU
STREET ADDRESS SANDERUMVEJ 160, 5250 Od.SV
CITY-ST-ZIP DENMARK

TITLE S ☒ Delete
NAME GERSTNER, BRENDA
STREET ADDRESS 1800 ELLER DR, SUITE 420, P.O. BOX 13143
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE V ☐ Change ☒ Addition
NAME JOHN BANKE
STREET ADDRESS 1047 DEERPATH COURT, WESTON, FL 33326
CITY-ST-ZIP USA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME JENS TERKELSEN
STREET ADDRESS NORGESVEJ 2, DK 5700, SVENDBORG
CITY-ST-ZIP DENMARK

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME GINETTE GRAMSTAD
STREET ADDRESS 3550 GALT OCEAN DR.#1102
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

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

Date

Daytime Phone #

Ginette Gramstad (Ginette Gramstad) 01/31/00 (954) 525-9788

CR2E034 (9/99)