

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011540

1. Entity Name

HANS TRACHMANN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90019 025 ***150.00

Principal Place of Business

Mailing Address

112 NW 9 STREET
BOCA RATON FL 33432

112 NW 9 STREET
BOCA RATON FL 33432-2632

2. Principal Place of Business

2250 NW 1406

3. Mailing Address

112 NW 9 ST

Suite, Apt. #, etc.

1547 # 6

Suite, Apt. #, etc.

~~1547~~

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number

65-0812446

Applied For

Not Applicable

Zip

33431

Country

P.R. B.C.H.

Zip

33432

Country

P.R. B.C.H.

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

AMANN, LOUISE M
461 NE 42ND ST
BOCA RATON FL 33431

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 ☐ Delete
NAME PSTD
STREET ADDRESS TRACHMANN, HANS P
CITY-ST-ZIP 112 NW 9 STREET
BOCA RATON FL 33432

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Hans Trachmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.10.00 561 392 6518

Date

Daytime Phone #

C.R.2004 (9/99)