

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91588 046 \*\*\*150.00

UBR/415 AV

**DOCUMENT # P98000018922**

1. Entity Name

**GERMAN AMERICAN INVESTORS, INC.**

Principal Place of Business

16275 N.W. 47TH AVE  
 MIAMI FL 33054

Mailing Address

16275 N.W. 47TH AVE  
 MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

18151 NE 31 Court

18151 NE 31 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

408

408

City & State

Aventura FL

City & State

Aventura, FL

Zip

33160

Country

Jade

Zip

33160

Country

Jade

4. FEI Number

65-0881891

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

7. Name and Address of New Registered Agent

GASS, DANIEL G

10001 NW 50TH ST, STE 204  
 SUNRISE FL 33351

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME P  
 STREET ADDRESS HAIGES, VOLKER  
 CITY-ST-ZIP 16275 N.W. 47TH AVE  
 MIAMI FL 33054

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VP  
 STREET ADDRESS ORTNER, HORST  
 CITY-ST-ZIP 651 SEABREEZE BLVD.  
 FORT LAUDERDALE FL 33027

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 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:

*Volker Haiges*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

305 343 6471

Daytime Phone #

CR2E034 (9/01)