

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 013 ***150.00

DOCUMENT # P 98000022434

1. Entity Name

German-Florida Investments, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2128 SW 47th Terrace

3. Mailing Address

2128 SW 47th Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FFI Number

650227857

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Dr. Juergen Hartwich

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

2128 SW 47th Terrace

City

Cape Coral

FL

33914

**DO NOT WRITE
IN THIS SPACE**

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

Dr. Juergen Hartwich

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

(NOTE: Registered Agent signature required when reinstating)

01/17/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP

D/P/T
Torsten Josupeit
5610 SW 8th Avenue
Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D/V/S
Dr. Juergen Hartwich
2128 SW 47th Terrace
Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

Date

941-541-0171

Daytime Phone #

CR2E034B (12/01)