

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039568

1. Entity Name

GERMAN HOME PRODUCTS, INC.

Principal Place of Business

2198 MAIN STREET
SARASOTA FL 34237

Mailing Address

2198 MAIN STREET
SARASOTA FL 34237

2. Principal Place of Business

4411 NW 19 Ave

Suite, Apt. #, etc.

3. Mailing Address

4411 NW 19 Ave

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Oakland Park FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

4. FEI Number

65-0832146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORMAN, CAROLINA
620 TENNIS CLUB DR STE-303
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS OVERBERG, ANGELIKA
CITY-ST-ZIP 655 NE 33RD ST
OAKLAND PARK FL 33334

TITLE ☐ Delete
NAME Overberg, Angelika
STREET ADDRESS 4411 NW 19 Ave
CITY-ST-ZIP Oakland Park, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: Angelika Overberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.01

Date

954-267 8856

Daytime Phone #

CR2E034 (10/00)

0413361

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90171 010 ***150.00



DO NOT WRITE IN THIS SPACE