2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P98000043206** 1. Entity Name DIETER FIEBEL & CO., INC. 02-05-2000 90039 034 ***150.00 Principal Place of Business Mailing Address 13506 NE 23RD PL 13506 NE 23RD PL NORTH MIAMI FL 33181-1849 NORTH MIAM! FL 33181 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0836862 Not Applie Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name∽ FIEBEL, DIETER Street Address (P.O. Box Number is Not Acceptable) 13506 NE 23RD PL NORTH MIAMI FL 33181 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TID F ☐ Delete TITLE Change Additio FIEBEL, DIETER NAME STREET ADDRESS STREET ADDRESS 13506 NE 23RD PL CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additio Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Additio TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 indicated on this report or supplemental rep of the corporation or the receiver or trusteed changed, or on an attachment with an address rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if FEB 0 1 2000

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR