

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060904

1. Entity Name

DR. M. REAL ESTATE, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90059 046 \*\*\*150.00

Principal Place of Business

222 SW 42ND STREET  
CAPE CORAL FL 33914

Mailing Address

222 SW 42ND STREET  
CAPE CORAL FL 33914-5910

2. Principal Place of Business

2015 Eldorado PKWY

3. Mailing Address

2015 Eldorado PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip 33914

Country

Zip

33914

Country

4. FEI Number

65-0870798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSUPEIT, TORSTEN  
1100 SIXTH AVE. SOUTH, STE. 229  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name Torsten Josupeit

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

2015 Eldorado PKWY

City Cape Coral

FL

Zip 33914

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 Torsten Josupeit

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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

TITLE D  
NAME MACKENRODT, SIGURD  
STREET ADDRESS MARKTPLATZ 1, 89420 HOECHSTAEDT  
CITY-ST-ZIP GERMANY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-04-2000

Date

Daytime Phone #

CR2E034 (9/99)