

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

9839590

**DOCUMENT # P98000069410**

1. Entity Name

**BRAINTRAIN USA, INC.**

02-04-2002 90174 021 \*\*\*150.00

Principal Place of Business

**409 MANATEE CT.,STE.207  
 VENICE FL 34285**

Mailing Address

**22 WILHELM-STAEHLE ST.  
 FELLBACH D-70736 GERMANY**

2. Principal Place of Business

3. Mailing Address

**26 ROTKEHLCHEN WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FELLBACH**

4. FEI Number

**65-0864207**

Applied For

Not Applicable

Zip

Country

Zip

Country

**D-70734**

**GERMANY**

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

**BOHLEN, FRED N PH.D  
 409 MANATEE CT.,STE.207  
 VENICE FL 34285**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BOHLEN, FRED N<br/>409 MANATEE CT.,STE.207<br/>VENICE FL 34285</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, or all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

# BrainTrain<sup>®</sup> USA Inc.

FRED N. BOHLEN

P.O. Box 1923  
Venice, Florida 34285-1923  
USA

☎(941) 488 4823 [braintrainusa@hotmail.com](mailto:braintrainusa@hotmail.com)

*Afterchman*  
*# 198000065410*  
26, Rotkehlchenway  
Fellbach, D-70734  
GERMANY

☎:01149-711-512526

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS

P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500  
USA

*305781*

Dear Sirs,

enclosed please find the UBR and a check reading \$150 payable to  
Department of State.

Would you please confirm by email [braintrainusa@hotmail.com](mailto:braintrainusa@hotmail.com), that you  
received this letter and the check.  
Thank you.

Cordially,

  
Fred N. Bohlen