

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

05-02-2002 90053 025 ***150.00
P98000085826

02 MAY -8 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085826

1. Entity Name

H.H. LANGE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Dean Vegosen

Suite, Apt. #, etc.

515 N. Flagler Drive

City & State 18th Floor
West Palm Beach, FL

Zip

33401

Country

Palm Beach

3. Mailing Address

c/o Dean Vegosen

Suite, Apt. #, etc.

515 N. Flagler Drive

City & State 18th Floor
West Palm Beach, FL

Zip

33401

Country

Palm Beach

4. FEI Number

65-0878842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dean Vegosen, Esq.

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

515 N. Flagler Drive, 18th Floor

City

West Palm Beach

FL

Zip Code

33401

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)



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

DPAS Lange, Rudiger
Schutzenstrasse 11-13
Karlsfield, Germany

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS Lange, Herwig H. Villa 790
Simone-Ferber-Str. 12
Putzing, Germany D-823
P-8435 Almund - Portugal

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V Lange, Sylvia
August-Horch-Str. 28
Muchen, Germany D-809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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

27. Feb. 2002

Date

561-832-5900

Daytime Phone #

CR2E034B (12/01)