

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108049

1. Entity Name
BEMU INVESTMENTS, INC.

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-21-2001 90374 007 ***150.00
06-08-2001 90162 039 ***150.00

Principal Place of Business 382 5TH AVE SOUTH NAPLES FL 34102	Mailing Address 382 5TH AVE SOUTH NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0945951	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TODD, GUDRUN R
382 5TH AVE SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent
Name: ANTHONY GUALARDO
Street Address (P.O. Box Number is Not Acceptable): 791 TENTH STREET SOUTH - SUITE A
City: NAPLES FL Zip Code: 34102

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] DATE: 4/20/01
SIGNATURE, typed or printed name of registered agent, and date if applicable. (NOT: Registered Agent Signature Required when renewing)

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
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11. OFFICERS AND DIRECTORS

TITLE: P	NAME: BERGMANN, ELMER DR	STREET ADDRESS: 382 5TH AVE S	CITY-STATE-ZIP: NAPLES FL 34102	☐ Delete
TITLE: VP	NAME: MUNTER, KARL-HEINZ	STREET ADDRESS: 382 5TH AVE S	CITY-STATE-ZIP: NAPLES FL 34102	☐ Delete
TITLE: S	NAME: WALZEL, BARBARA	STREET ADDRESS: 382 5TH AVE S	CITY-STATE-ZIP: NAPLES FL 34102	☐ Delete
TITLE: S	NAME: MUNTER, INGRID	STREET ADDRESS: 382 5TH AVE S	CITY-STATE-ZIP: NAPLES FL 34102	☐ Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	☐ Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	☐ Change ☐ Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	☐ Change ☐ Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	☐ Change ☐ Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-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] DATE: 04/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)