

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90161 021 ***150.00

DOCUMENT # P99000028547

1. Entity Name

H.L.T. HANSE LOGISTIC & TRADING, INC.

Principal Place of Business

Mailing Address

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~
~~MIAMI FL 33132~~

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~
~~MIAMI FL 33132~~

2. Principal Place of Business

c/o Becker & Poliakoff, P.A.

3. Mailing Address

c/o Becker & Poliakoff, P.A.

Suite, Apt. #, etc.

5201 Blue Lagoon Drive, #100

Suite, Apt. #, etc.

5201 Blue Lagoon Drive, #100

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0917805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUS, ALEXANDER ESQ.

~~100 N. BISCAYNE BLVD., 21ST FLOOR~~
~~MIAMI FL 33132~~

Name

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

c/o Becker & Poliakoff, P.A.

5201 Blue Lagoon Drive, Suite 100

City

Miami

FL

Zip Code

33126

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

Alexander Reus

Alexander Reus, Esq.

4/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSY SPIEKER, ALEXANDER 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REUS, ALEXANDER 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
c/o Becker & Poliakoff, P.A. 5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
c/o Becker & Poliakoff, P.A. 5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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

Alexander Reus

4/30/01

Date

(305) 262-4433

Daytime Phone #

CR2E034 (10/00)