

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039571

1. Entity Name

BHW IMMOBILIEN, CORP.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90403 042 ***550.00

Principal Place of Business

Mailing Address

424 SW 37 TERRACE
CAPE CORAL FL 33914

424 SW 37 TERRACE
CAPE CORAL FL 33914-5852

00068576



DO NOT WRITE IN THIS SPACE

2. P. 557 6th Ave N

3. P. 557 6th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State: St. Petersburg, FL
Zip: 33701 Country: Pinellas

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4. FEI Number 65-0918169

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

DESBAILLETS, ANETTE
424 SW 37 TERRACE
CAPE CORAL FL 33914

Name Anette Desbaillets

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

557 6th Ave N

City St. Petersburg FL Zip Code 33701

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

Anette Desbaillets

Anette Desbaillets

1-8-00

Signature typed or printed name of registered agent and use 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENKE, AXEL	
STREET ADDRESS	424 SW 37 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCHOBER, MATTHIAS	
STREET ADDRESS	424 SW 37 TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heube Axel	
STREET ADDRESS	557 6th Ave N	
CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schober Matthias	
STREET ADDRESS	557 6th Ave N	
CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Axel Menke/President 4-11-00

Date

Daytime Phone #

CR2E034 (9/99)