

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046229

1. Entity Name

PUERTO BUENO, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90041 046 \*\*\*150.00

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

12741 World Plaza Lane

Suite, Apt. #, etc.

Building 84, Suite 3

Fort Myers, Florida

Zip

33907

Country

U.S.A.

3. Mailing Address

5109 Del Prado Blvd.

Suite, Apt. #, etc.

Cape Coral, Florida

Zip

33904

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0939169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS

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

7. Name and Address of New Registered Agent

Name

BARTTEL, VIOLA

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

5109 Del Prado Blvd.

City

Cape Coral

FL

Zip Code

33904

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

*Viola Barttel* - Viola Barttel

04-12-01

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, 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	LEITMEYER, KLAUS	
STREET ADDRESS	AM KAT 2 BERGE 5	
CITY-ST-ZIP	HILDESHEIM GERMANY FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SITTNER, PETER	
STREET ADDRESS	1100, 6TH AVE. SOUTH, STE. 229	
CITY-ST-ZIP	NAPLES FL 34102	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIETMEYER, KLAUS	
STREET ADDRESS	AM KATZBERGE 5	
CITY-ST-ZIP	D-31139 HILDESHEIM, GERMANY	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELENA LIETMEYER	
STREET ADDRESS	AM KATZBERGE 5	
CITY-ST-ZIP	D-31139 HILDESHEIM, GERMANY	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Klaus Lietmeyer* - Klaus Lietmeyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01

Date

941-540-0713

Daytime Phone #

CR2E034 (10/00)