

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046229

1. Entity Name

PUERTO BUENO, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

12741 World Playa Lane
Suite, Apt. #, etc.
Building 84, Suite 3
City & State
Fort Myers, Florida
Zip 33907

3. Mailing Address

5109 Del Prado Blvd.
Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

U.S.A.

U.S.A.

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

BARTEL, VIOLA

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

City

5109 Del Prado Blvd.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-12-01

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 State10. 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

CR2E034 (10/00)

TITLE	PT	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITMEYER, KLAUS		NAME	LIETMEYER, KLAUS	
STREET ADDRESS	AM KAT 2 BERGE 5		STREET ADDRESS	AM KATZBERGE 5	
CITY-ST-ZIP	HILDESHEIM GERMANY FL 33139		CITY-ST-ZIP	D-31139 HILDESHEIM, GERMANY	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTNER, PETER		NAME	ELENA LIETMEYER	
STREET ADDRESS	1100, 6TH AVE. SOUTH, STE. 229		STREET ADDRESS	AM KATZBERGE 5	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	D-31139 HILDESHEIM, GERMANY	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Leitmeyer - Klaus Lietmeyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01
Date941-540-0713
Daytime Phone #