

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062380

1. Entity Name

KNAPPE COMPOSITES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90091 042 ***150.00

Principal Place of Business

Mailing Address

3890 W. COMMERCIAL BOULEVARD
SUITE 214
FORT LAUDERDALE FL 33321

3890 W. COMMERCIAL BOULEVARD
SUITE 214
FORT LAUDERDALE FL 33309-3319

00007159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1089 LONGVIEW DRIVE

3. Mailing Address

1089 LONGVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

4. FEI Number

65-0934232

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

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

KNAPPE, HOLGER
3890 W. COMMERCIAL BOULEVARD
SUITE 214
FORT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME D
STREET ADDRESS KNAPPE, HOLGER
CITY-ST-ZIP 3890 W. COMMERCIAL BOULEVARD, SUITE 214
FORT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME Holger Knappe
STREET ADDRESS 1089 Longview Drive
CITY-ST-ZIP Weston Florida 33326
U.S.A.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOLGER KNAPPE

1-14-2000

Date

(954) 349-7517

Daytime Phone #