

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90005 048 \*\*\*150.00

**DOCUMENT # P99000071508**

1. Entity Name

**HELLA'S R. & D. CORP.**

Principal Place of Business

**5190 INTERNATIONAL AVENUE-A  
MIMS FL 32754**

Mailing Address

**5190 INTERNATIONAL AVENUE-A  
MIMS FL 32754****A0079353**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3594415**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AIRD, CALUM****5190 INTERNATIONAL AVENUE-A****MIMS FL 32754**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BRECHT, HELLA  
5190 INTERNATIONAL AVENUE-A  
MIMS FL 32754**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**321-383-0182**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 3 A0029353

#P990000 71508

HELLA'S R & D CORP.  
5190 INTERNATIONAL AVE  
MIMS, FL. 321-383-1858

July 17, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS.

REF: 2001 UNIFORM BUSINESS REPORT.

UPON RECEIVING THE 2001 UNIFORM BUSINESS REPORT, I BECAME AWARE THAT THIS WAS A SECOND NOTICE. THEREFORE, I AM WRITING TO INFORM YOU THAT I WAS NOT SENT A FIRST NOTICE.

AFTER CALLING THE DEPARTMENT OF STATE, I WAS ADVISED TO WRITE AN EXPLANATION AS TO WHY I HAD NOT SENT THE PAYMENT HENCE THIS LETTER.

I WISH TO OFFER MY APOLOGIES FOR MY FAILURE TO SEND THE NECESSARY FUNDS AT THE APPROPRIATE TIME.

I HOPE THAT BY WRITING THIS LETTER AND ENCLOSING THE CORPORATION FUNDS I WILL BE ABLE TO RECTIFY MY MISTAKE.

THANK YOU FOR TAKING THE TIME TO HELP ME, I AM SURE YOU KNOW HOW APPRECIATIVE I AM.

RESPECTFULLY



HELLA BRECHT.