

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90042 038 ***150.00

DOCUMENT # P99000109225

1. Entity Name
AKTIV ASSEKURANZ (USA) INC.

Principal Place of Business
5730 SOUTHWEST 74TH STREET
SUITE 700
MIAMI FL 33143

Mailing Address
5730 SOUTHWEST 74TH STREET
SUITE 700
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0998602**

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

BLANCK, ROBERT W
5730 SOUTHWEST 74TH STREET
SUITE 700
MIAMI FL 33143

Name
GONZALEZ, JUAN ANGEL C/O AKTIV
Street Address (P.O. Box Number is Not Acceptable)
8551 W. SUNRISE BLVD., SUITE #104
City **PLANTATION** **FL** **Zip Code** **33322**

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 *Juan Angel Gonzalez* **JUAN ANGEL GONZALEZ** **8/17/2001**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **GONZALEZ, JUAN ANGEL**
STREET ADDRESS **5730 SOUTHWEST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **GONZALEZ, JUAN ANGEL**
STREET ADDRESS **8551 W. SUNRISE BLVD., # 104**
CITY-ST-ZIP **PLANTATION, FL 33322-4007**

TITLE **VD** ☒ **Delete**
NAME **BOCHANSKI, JUERGEN**
STREET ADDRESS **5730 SOUTHWEST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VD** ☒ **Change** ☐ **Addition**
NAME **BOCHANSKI, JUERGEN**
STREET ADDRESS **8551 W. SUNRISE BLVD., # 104**
CITY-ST-ZIP **PLANTATION, FL 33322-4007**

TITLE **SD** ☒ **Delete**
NAME **BOYD, BRADFORD**
STREET ADDRESS **5730 SOUTHWEST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **SD** ☒ **Change** ☐ **Addition**
NAME **SCHUMANN, KARL HEINZ**
STREET ADDRESS **8551 W. SUNRISE BLVD., # 104**
CITY-ST-ZIP **PLANTATION, FL 33322-4007**

TITLE **TD** ☒ **Delete**
NAME **GONZALEZ, JUAN ANGEL**
STREET ADDRESS **5730 SOUTHWEST 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **TD** ☒ **Change** ☐ **Addition**
NAME **GONZALEZ, JUAN ANGEL**
STREET ADDRESS **8551 W. SUNRISE BLVD., # 104**
CITY-ST-ZIP **PLANTATION, FL 33322-4007**

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**
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: *Juan Angel Gonzalez* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (5/01)

August 17, 2001.

Florida Dept. of State
Division of Corporations
P. O. Box 6327,
Tallahassee, Fla., 32314

Ref: Document #P99000109225

Dear Sirs:

We are enclosing herewith our Uniform Business Report (UBR) for the year 2001, along with our check in the amount of \$150.00.

We respectfully request that you accept this payment even though the report is being file after late. Please note that we never received the form that was due on May 1st, 2001.

Again, we would appreciate to obtain your kind consideration for an abatement of the late fees for filing late.

Sincerely,

AKTIV ASSEKURANZ (USA) INC.


Juan A. Gonzalez
President

President - Lic. Juan Angel Gonzalez



Bundesverband
Deutscher
Versicherungs-
Makler e.V.

Miami, U.S.A.
8551 West Sunrise Boulevard • Suite 104
Plantation, Florida 33322
Telephone (954) 577-8687
Fax (954) 577-8689
e-mail: info@aktiv-assekuranz.com
Website: www.aktiv-assekuranz.com

Niederlassungen
München • Düsseldorf • Frankfurt
Hamburg • Saarbrücken • Erfurt
Luxemburg • Rotterdam/NL
Buenos Aires/RA

Buenos Aires
Lic. Juan Angel Gonzalez
Carlos Pellegrini 989 - Piso 12
(1009)-Buenos Aires/RA
Tel.: (54-11) 4327-7234 - Fax: (54-11) 4327-4447
e-mail: info@aktiv-assekuranz.com
Página Web: www.aktiv-assekuranz.com