

2000 UNIFORM BUSINESS REPORT (UBR)

3-4

DOCUMENT # V05967

1. Entity Name

HEAVENS CONDO, INC.

Principal Place of Business

OCEAN HARBOR CONDOMINIUM
87851 OLD HWY UNIT K34
ISLAMORADA FL 33036
US

Mailing Address

OCEAN HARBOR CONDOMINIUM
87851 OLD HWY UNIT K34
ISLAMORADA FL 33036
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 2:41

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

C/o Wolfe + Wolfe CPA's
P.O. Box 914
Tavernier, Florida 33070, USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0348127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAUS-JOCHEN, PUHST
87851 OLD HWY UNIT K-34
ISLAMORADA FL 33036

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 \$650.00
After SEPTEMBER 13, 2000 Min. 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 PD
NAME PUHST, KLAUS-JOCHEN
STREET ADDRESS RUBBERTSTABE 25
CITY-ST-ZIP HAMBURG, GERMANY ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800003464598--8
STREET ADDRESS -11/15/00--01082--008
CITY-ST-ZIP ****550.00 ☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.26.00

Date

Daytime Phone #

CR2E034 (5/00)