2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34391

1. Entity Name

GERMAN ALMOND ROASTER, INC.

Principal Place of Business

Mailing Address

10550 BEXLEY BLVD

10550 BEXLEY BLVD ROCA RATON FL 33428-1210

_ 33420		DOCK RATOR 1 L 30420-12	.10						
2. Principal Place of Business		3. Mailing Address					idi didil didil	Oldii didii di	EN 61611 1611
, etc.		Suite, Apt. #, etc.			C	O NOT WRITE	E IN THIS S	PACE	
		City & State		4. FEI Number 65-0333654			Applied For Not Applicabl		
Country		Zip	Country	5. Ce	ertificate of Stat	us Desired			
6. Name and Address of Current Registered Agent				7. Na	ame and Addre	ss of New Re	gistered A	gent	
			-Name						
SO, DOMENIC L. N FEDERAL HWY			Street Address	s (P.O. Bo	x Number is No	t Acceptable)			
BOCA RATON FL 33431			City	City			FL Zip Code		
			s registered office or regis	tered ager	nt, or both, in th	e State of Flor			
Signature, typed or printed name	of registered agent and	title if applicable. (NOT	E: Registered Agent signature requi	ired when rein	stating)		DATE		
Tax filing requirement and elects to do so. After			r MAY 1, 2000 Fee will be \$550.00						00 May Be ed to Fees
11. OFFICERS AND DIRECTORS				ADD	DITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTOR	RS IN 11
10550 BEXLEY BLV		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				/	☐ Change	☐ Addition
D MULLER, PETER H. T ADDRESS WALDRIEDHOFSTRBE 58		☐ Delete	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
		☐ Delete	TITLE NAME PYREET ADDRESS CITY-ST-ZIP			•		☐ Change	Addition
		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
	Country 6. Name and Addre SSO, DOMENIC L. N FEDERAL HWY 60 A RATON FL 33431 named entity submits the signature, typed or printed name ation is eligible to satist quirement and elects to a on back) O D HENN, REINHARD N 10550 BEXLEY BLV BOCA RATON FL D MULLER, PETER H. WALDRIEDHOFSTR	Country 6. Name and Address of Current Res SSO, DOMENIC L. N FEDERAL HWY 660 A RATON FL 33431 named entity submits this statement for the signature, typed or printed name of registered agent and the ation is eligible to satisfy its Intangible quirement and elects to do so. a on back) OFFICERS AND DIF D HENN, REINHARD W. 10550 BEXLEY BLVD BOCA RATON FL D MULLER, PETER H.	So, boundary Side Suite, Apt. #, etc.	acc of Business . etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Name and Address of Current Registered Agent Name SSO, DOMENIC L N FEDERAL HWY 1800 N RATON FL 33431 City City City Anamed entity submits this statement for the purpose of changing its registered office or regis City City City City City City Charmed entity submits this statement for the purpose of changing its registered Agent square recuration is eligible to satisfy its Intangible Quirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1,	., etc. Suite, Apt. #, etc.	Loc of Business 3. Mailing Address 5. Mailing Address 5. Mailing Address 5. Mailing Address 6. Maine and Address of Current Registered Agent 7. Name and Address 7. Name and A	acc of Business 3. Mailing Address City & State 4. FEI Number 65-0333654 5. Cartificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Re Street Address (P.O. Box Number is Not Acceptable) RATON FL 33431 City City	Country Suite, Apt. 4, etc. Do NOT WRITE IN THIS S	aco of Business at the country of the purpose of changing its registered office or registered agent, or both, in the State of Florida. So, DOMENIC L. Sondering and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8.87.5 Ar. Fice Requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Street Address (R.O. Box Number is Not Acceptable) FL Zip Co. FL Zip Co. Atter MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee

FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90049 022 ***150.00

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 the and accurate and that my signature shall have the same legal effect as if made upder 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 pair the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #