

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # V39917

INTER GLOBAL GERMAN TRADE Corp.

Principal Place of Business

Mailing Address

505 12th Street
Suite 10505 12th Street
Suite 10

Miami Beach FL 33139

Miami Beach FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0333309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name LANGEN Roland

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

112 South Hibiscus Island

City Miami Beach

FL Zip 33139

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

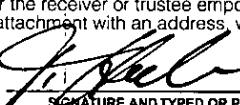
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME HOLM Thomas
STREET ADDRESS 505 12th Street Suite 10
CITY-ST-ZIP Miami Beach FL 33139TITLE Change Addition
NAME 600004548376-9
STREET ADDRESS -08/22/01--01031--007
CITY-ST-ZIP ***300.00 ***300.00
CR2E034 (11/00)TITLE Delete
NAME HOLM Thomas
STREET ADDRESS 505 12th Street Suite 10
CITY-ST-ZIP Miami Beach FL 33139TITLE Change Addition
NAME 600004548376-9
STREET ADDRESS -08/22/01--01031--008
CITY-ST-ZIP ***8.75 ***8.75TITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

00-0146R 478

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:  Thomas HOLM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-2001 305 538 8500

Date

Daytime Phone #