

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MO7852**

1. Entity Name
SWISS-AMERICAN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 RICHARD LOTHARIUS

3. Mailing Address

Suite, Apt. #, etc.
7750 MINDELLO ST

Suite, Apt. #, etc.
P.O. BOX 431434

City & State
CORAL GABLES, FL

City & State
MIAMI, FL

Zip
33143

Zip
33143

4. FEI Number
59-25650

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

7. Name and Address of Current Registered Agent

Name
ALAIN DE GRELL

Street Address (P.O. Box Number is Not Acceptable)
176 W. WASHINGTON DR

City
KEY BISCAYNE **FL** Zip
33149

DO NOT WRITE IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**PD FELIPE A. CUSTER
7750 MINDELLO ST
CORAL GABLES, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECY ALAIN DE GRELL
176 W. WASHINGTON DR
KEY BISCAYNE, FL 33149**

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CITY - ST - ZIP

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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 on an attachment with an address, without being so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAIN DE GRELL

3/22/02

Date

Daytime Phone #

CR2E034B (12/01)