

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90232 004 ***150.00

DOCUMENT # P95000006933
 1. Entity Name
SWISS WATCH INTERNATIONAL, INC.

Principal Place of Business 101 S. STATE ROAD 7 SUITE 201 HOLLYWOOD FL 33023-6736 US	Mailing Address 101 S. STATE ROAD 7 SUITE 201 HOLLYWOOD FL 33023-6736 US
--	--



DO NOT WRITE IN THIS SPACE

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 65-0546001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BEN-SHMUEL, LIOR
101 S. STATE ROAD 7, SUITE 2
2ND FLOOR
HOLLYWOOD FL 33023

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
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	P <input type="checkbox"/> Delete
NAME	BEN-SHMUEL, LIOR
STREET ADDRESS	101 S. STATE ROAD 7, SUITE 2
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	VP <input type="checkbox"/> Delete
NAME	BEN-SHMUEL, ELIAHU
STREET ADDRESS	101 S. STATE ROAD 7, SUITE 2
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	T <input type="checkbox"/> Delete
NAME	BEN-SCHMUEL, IZAC
STREET ADDRESS	101 S. STATE ROAD 7, SUITE 2
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	S <input type="checkbox"/> Delete
NAME	BEN-SCHMUEL, SHLOMI
STREET ADDRESS	101 S. STATE ROAD 7, SUITE 2
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Izac Ben-Shmuel* **IZAC BEN-SHMUEL** 4/5/00 954-985-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)