

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90835 048 ***150.00

DOCUMENT # 392011

1. Entity Name
SWISS CHALET FINE FOODS, INC.



Principal Place of Business
9455 NW 40 STREET ROAD
MIAMI FL 33178

Mailing Address
C/O CHARLES L. RUFFNER, P.A.
601 BRICKELL KEY DR., STE. 507
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

9455 NW 40 Street Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33178

4. FEI Number 59-1733009

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFNER, CHARLES L
SUITE 507, COURVOISIER CENTRE II
601 BRICKELL KEY DR.
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BAUMANN, HANS
STREET ADDRESS 9455 NW 40 STREET ROAD
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD
NAME BAUMANN, CLAIRE
STREET ADDRESS 9455 NW 40 STREET ROAD
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME BAUMANN, Y HANS
STREET ADDRESS 8956 SORESEN
CITY- ST- ZIP SANTA FE SPG CA

TITLE
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STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

Daytime Phone #

CR2E034 (10/02)