

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90297 017 ***158.75

DOCUMENT # 514557

1. Entity Name
SWISS & GERMAN INVESTMENTS, INC.

Principal Place of Business

**1151 N. ATLANTIC BLVD. #5-A
FT. LAUDERDALE FL 33304**

Mailing Address

**1151 N. ATLANTIC BLVD. #5-A
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

4367 N. Fed. Highway, Suite 204
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale

City & State
Fort Lauderdale

4. FEI Number **59-1866102**

Applied For
Not Applicable

Zip **FL** Country **33308-5213**

Zip **same** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HISAM, HORST G.
1151 N. ATLANTIC BLVD. #5-A
FT. LAUDERDALE FL 33304**

Name **Sheila Prager**
Street Address (P.O. Box Number is Not Acceptable) **4367 N. Fed. Highway, Suite 204**
City **Fort Lauderdale** **FL** Zip Code **33308-5213**

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 **Sheila Prager**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/01
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 State

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HISAM, HORST G. 1151 N ATLANTIC BLV #5-A FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HISAM, URSULA 1151 N ATLANTIC BLV #5-A FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HISAM, THORSTEN G 140 SPRINGWOOD DR DAYTONA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Dr. Horst G. Hisam** **1-23-01** **703-737 7389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)