

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004226

1. Entity Name
UNIPAR, LTD. (CORPORATION)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90328 007 ***155.00

Principal Place of Business

**EXPERCO PARTENAIRES SA
9, RUE VU VALAIS
1202, GENEVE, SWITZERLAND**

Mailing Address

**EXPERCO PARTENAIRES SA
9, RUE VU VALAIS
1202, GENEVE, SWITZERLAND**

00019344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**PALADINO, RICHARD ESQ.
505 S. FLAGLER DRIVE, #1330
WEST PALM BEACH FL 33401**

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

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 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 **C** ☐ Delete
NAME **FONJALLAZ, PAUL-ERIC**
STREET ADDRESS **EXPERCO PARTENAIRES SA/ 9, RUE DU VALAIS**
CITY-ST-ZIP **1202 GENEVE, SWITZERLAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **BACH, GERHARD**
STREET ADDRESS **EXPERCO PARTENAIRES SA/ 9, RUE DU VALAIS**
CITY-ST-ZIP **1202 GENEVE, SWITZERLAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOVE, PIERRE**
STREET ADDRESS **RUE DU THEATRE 3, 1820 MONTREUX**
CITY-ST-ZIP **SWITZERLAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2001

Date

4122 716 16 66

Daytime Phone #

CR2E034 (10/00)