

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004764

1. Entity Name

SGC SWISS GLOBAL CARGO, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90329 032 \*\*\*158.75

Principal Place of Business

1776 ON-THE-GREEN, 67 PARK PL.  
MORRISTOWN NJ 07960

Mailing Address

1776 ON-THE-GREEN, 67 PARK PL.  
MORRISTOWN NJ 07960

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 **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

MACK, TOM  
3505 NW 107TH AVENUE  
MIAMI FL 33172

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	<input type="checkbox"/> Delete
NAME	SIDLER, BRUNO	
STREET ADDRESS	RUETISTRASSE 24, CH-8132 EGG	
CITY-ST-ZIP	SWITZERLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HESS, CHRISTOPH	
STREET ADDRESS	SONMATTSTRASSE 3, CH-4103	
CITY-ST-ZIP	BOTTMINGEN, SWITZERLAND	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALTORFER, ROLF	
STREET ADDRESS	21 DOGWOOD DR.	
CITY-ST-ZIP	BROOKSIDE NJ 07926	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEARNS, MICHAEL	
STREET ADDRESS	16 KELLUM ST.	
CITY-ST-ZIP	HUNTINGTON NY 11746	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZURCHER, WALTER	
STREET ADDRESS	2 BIRD SONG CT.	
CITY-ST-ZIP	CHESTER NJ 07930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert Grisseemann	
STREET ADDRESS	Viaduktstrasse 42	
CITY-ST-ZIP	Basle, Switzerland	
TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian Ryser	
STREET ADDRESS	1776 On-the-Green, 67 Park Place	
CITY-ST-ZIP	Morristown, NJ 07960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Mack	
STREET ADDRESS	3505 NW 107th Ave	
CITY-ST-ZIP	Miami, FL 33172	

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:

Walter Zurcher

4/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)