2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29826 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name SWISS-AM DRIVE, INC. 06-05-2000 90036 040 ***150.00 Mailing Address Principal Place of Business 1230 NW 57TH AVENUE 1230 NW 57TH AVENUE MIAMI FL 33126 MIAMI FL 33126-2012 2. Principal Place of Business 3. Mailing Address 122 1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEL Number City & State GASCIES 59-2283500 P4C Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEIER, JUERG Street Address (P.O. Box Number is Not Acceptable) 1221 VENETIA TR. CORAL GABLES FL 33134 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE □ Delete MEIER. JUERG NAME NAME STREET ADDRESS STREET ADDRESS 1221 VENETIA TR. CITY-ST-ZIP CITY-ST-7/P CORAL GABLES, FL 00000 Change ☐ Addition Delete TITLE MEIER, LOTTE NAME 1221 VENETIA TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change FREST TOJG ☐ Delete TITE F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 requirer or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the editiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 of Block changed, or on an attaching the with an address, with all other like empowered.

SIGNATURE:

5-1-00

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