

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19596

1. Entity Name

SWISSUS HOLDING CORPORATION

Principal Place of Business

Mailing Address

% ROBERT F. HUDSON, JR.  
701 BRICKELL AVENUE, SUITE 1600  
MIAMI FL 33131

% ROBERT F. HUDSON, JR.  
701 BRICKELL AVENUE, SUITE 1600  
MIAMI FL 33131-2852

2. Principal Place of Business

1200 Brickell Avenue

3. Mailing Address

1200 Brickell Avenue

Suite, Apt. #, etc.  
19th Floor

Suite, Apt. #, etc.  
19th Floor

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

6. Name and Address of Current Registered Agent

HUDSON, ROBERT F., JR.  
1200 BRICKEL AV 19TH FL  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BAUMANN, NIKLAUS CARL  
ST. JAKOBS-STRASSE 46  
BASEL, SWITZERLAND ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LATSCHA, CLAUDIA  
ST. JAKOBS STRASSE 46  
BASEL, SWITZERLAND ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

*Niklaus Carl Baumann*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #