

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90076 032 ***150.00

DOCUMENT # M50950

1. Entity Name
U.S. SCHWARZ IMMOBILIEN REAL ESTATE, INC.

Principal Place of Business

4637 VINCENNES BLVD., #9
CAPE CORAL FL 33904
US

Mailing Address

1318 LAFAYETTE ST.
CAPE CORAL FL 33904
US

2. Principal Place of Business

455 Cape Coral Pkwy.

Suite, Apt. #, etc.
#4

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

City & State

4. FEI Number

65-0187766

Applied For

Not Applicable

Zip

Country

33904

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILL, THOMAS W

1318 LAFAYETTE ST.

CAPE CORAL FL 33904

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, 2002 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 **DCPS** ☐ Delete
 NAME **SCHWARZ, WOLFGANG**
 STREET ADDRESS **4637 VINCENNES BLVD., #9**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Delete
 NAME **FERRAZZANO, VICTORIA**
 STREET ADDRESS **4637 VINCENNES BLVD., #9**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCPS** ☒ Change ☐ Addition
 NAME **Schwarz, Wolfgang**
 STREET ADDRESS **455 Cape Coral Pkwy. #4**
 CITY-ST-ZIP **Cape Coral, FL 33904**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

Date

Daytime Phone #

1-21-02

540-3132

CR2E034 (9/01)