

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90165 047 ***150.00

00060254

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000071258
1. Entity Name
SWANNIE CORPORATION

Principal Place of Business **Mailing Address**

2. Principal Place of Business 10111 West Sunrise Ave Suite, Apt. #, etc. #104 City & State Fort Lauderdale, FL Zip 33322 Country USA		3. Mailing Address 10111 West Sunrise Ave Suite, Apt. #, etc. #104 City & State Fort Lauderdale, FL Zip 33322 Country USA	
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4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRADA, LUIS E. 5479 NW 72nd Ave. Suite 4 Miami, FL 33166	7. Name and Address of New Registered Agent Name VIVAS, LUIS Street Address (P.O. Box Number is Not Acceptable) 10111 West Sunrise Ave, #104 City Fort Lauderdale FL Zip Code 33322
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME LUIS PRADA STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE PD NAME VIVAS, LUIS E. STREET ADDRESS 10111 West Sunrise Ave, #104 CITY-ST-ZIP Fort Lauderdale, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PALENCIA, ILSE M STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D,S NAME LARA, ILSE M. STREET ADDRESS 10111 West Sunrise Ave, #104 CITY-ST-ZIP Fort Lauderdale, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **Luis Vivas** **4/9/01** **(954) 236-8850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **X Daytime Phone #**

CR2E034 (11/00)