

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90437 011 \*\*\*150.00

DOCUMENT # P00000071258

1. Entity Name

SWANNIE CORPORATION ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15969 NW 64 Ave

Suite, Apt. #, etc.

#204

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Address

15969 NW 64 Ave

Suite, Apt. #, etc.

#204

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1072541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven R. Danielson

Street Address (P.O. Box Number is Not Acceptable)

801 S. Federal Hwy

City

Hollywood

FL

Zip Code

33020

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

*Steven R. Danielson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President, Director	Vivas, Luis E.	15969 NW 64 Ave	Miami Lakes, FL 33014				
Secretary, Director	Lara, Ise	15969 NW 64 Ave	Miami Lakes, FL 33014				
Vice-President, Director	Almenar, Ruben	15969 NW 64 Ave	Miami Lakes, FL 33014				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(305) 556-6482

Daytime Phone #

CR2E034B (12/01)