

05-17-2001 91300 007 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000002

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086707

1. Entity Name

SWISS TEAM CLEANING INC.

Principal Place of Business

7715 TARA CIRCLE #108
NAPLES FL 34104

Mailing Address

7715 TARA CIRCLE #108
NAPLES FL 34104

2. Principal Place of Business

2646 29th AVE NE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

4. FEI Number

52-2274780

Applied For

Not Applicable

Zip

Country

34120 USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOS, CHRISTOPHER
7715 TARA CIRCLE #108
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name FABIOLA RIVERA

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

7715 TARA CIRCLE #108

City NAPLES

FL

Zip Code 34104

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 reappointing)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. PRESIDENT/ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionNAME FABIOLA RIVERASTREET ADDRESS 2646 29th AVE NECITY-ST-ZIP NAPLES FL 34120STOCKS 100% SharesTITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

06/13/01 (941) 269 3019

CRE034 (10/00)