

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09021

1. Entity Name

NODIPAL, S.A.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90080 041 \*\*\*150.00

Principal Place of Business

Mailing Address

KIRCHSTRASSE 1  
PO BOX 129  
FL 9490 VA 33480-4310  
US

~~251 ROYAL PALM WAY~~  
~~C/O MENDOZA, GALLAS & SCHILLING POB 2715~~  
~~PALM BCH FL 33480-4300~~

00040100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Post Office Box 2715

City & State

City & State

Palm Beach, FL

4. FEI Number

98-0039030

Applied For

Not Applicable

Zip

Country

Zip  
33480

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MENDOZA, GALLAS & SCHILLING~~  
~~251 ROYAL PALM WAY, SIXTH FLOOR~~  
~~PALM BEACH FL 33480~~

Name  
Mario G. de Mendoza, III

Street Address (P.O. Box Number is Not Acceptable)  
c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City  
Palm Beach

FL

Zip Code  
33480

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

Mario G. de Mendoza, III, Reg. Agt x 2/09/00

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**  
**Tax filing requirement and elects to do so.**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KIEBER, DR DANIEL<br>HEILIGKREUZ 6<br>VADUZ, LIECHTENSTEIN   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BUERZLE, ERICH<br>KIRCHSTRASSE 1<br>VADUZ, LIECHTENSTEIN    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HADERMANN, JOCHEN<br>KIRCHSTRASSE 1<br>VADUZ, LIECHTENSTEIN | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Erich Buerzle, Secretary 3/10/00 (561) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)