

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065214

1. Entity Name

WALZEN SWISS CORP.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90026 034 ***150.00

Principal Place of Business

Mailing Address

8445 S.W. 163RD TERRACE
 MIAMI FL 33157
 US

8445 S.W. 163RD TERRACE
 MIAMI FL 33157-3684
 US

2. Principal Place of Business

201 Crandon Blvd.

3. Mailing Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ap. # 509

SUITE 800

City & State

KEY BISCAYNE FL

City & State

CORAL GABLES

Zip

33149

Country

Zip

33134

Country

USA

4. FEI Number

65-0623142

Applied For

Not Applicable

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

MIZRAHI, ANNETTE
 201 CRANDON BLVD
 STE 429
 KEY BISCAYNE FL 33149

Name

Octavio Urdija Jr.

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

150 ALHAMBRA CIRCLE, SUITE 800

City

CORAL GABLES

FL

Zip Code

33134

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

Mizrahi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 23, 00

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, 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 DVP ☐ Delete
 NAME MIZRAHI, ANNETTE
 STREET ADDRESS 8445 S.W. 163RD TERRACE
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition
 NAME MIZRAHI, ANNETTE
 STREET ADDRESS 201 Crandon Blvd. # 509
 CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE DP ☐ Delete
 NAME MIZRAH, SALOMON
 STREET ADDRESS AV. ALVEAR 828
 CITY-ST-ZIP MARTINEZ PROV DE BB AS ARGENTINA

TITLE ☒ Change ☐ Addition
 NAME MIZRAH - SALOMON
 STREET ADDRESS AV. ALVEAR 828
 CITY-ST-ZIP MARTINEZ - 1640 - PROV. de BS. AS. ARGENTINA

TITLE DT ☐ Delete
 NAME FREIRE, JUAN MANUEL
 STREET ADDRESS AV. ALVEAR 828
 CITY-ST-ZIP MARTINEZ PROV DE BB AS ARGENTINA

TITLE ☒ Change ☐ Addition
 NAME FREIRE, JUAN MANUEL
 STREET ADDRESS AV. ALVEAR 828, MARTINEZ 1640
 CITY-ST-ZIP PROV. de BS. AS. ARGENTINA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25 - 00

Date

305.361-8424

Daytime Phone #

CR2E034 (9/99)