

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90026 034 ***150.00

DOCUMENT # P95000065214

1. Entity Name
WALZEN SWISS CORP.

Principal Place of Business
8445 S.W. 163RD TERRACE
MIAMI FL 33157
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 Crandon Blvd.
 Suite, Apt. #, etc.
Ap. # 509

3. Mailing Address
150 ALHAMBRA CIRCLE
 Suite, Apt. #, etc.
SUITE 800

City & State
KEY BISCAYNE FL

City & State
CORAL GABLES

Zip
33149

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

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

7. Name and Address of New Registered Agent

Name
Octavio Urdija Jr.

Street Address (P.O. Box Number is Not Acceptable)
150 ALHAMBRA CIRCLE, SUITE 800

City
CORAL GABLES

State
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* (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete MIZRAHI, ANNETTE 8445 S.W. 163RD TERRACE MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete MIZRAH, SALOMON AV. ALVEAR 828 MARTINEZ PROV DE BB AS ARGENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete FREIRE, JUAN MANUEL AV. ALVEAR 828 MARTINEZ PROV DE BB AS ARGENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIZRAHI, ANNETTE 201 Crandon Blvd. # 509 KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIZRAH - SALOMON AV. ALVEAR 828 MARTINEZ - 1640 - PROV. de BS. AS. ARGENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIZRAH FREIRE, JUAN MANUEL AV. ALVEAR 828, MARTINEZ 1640 PROV. de BS. AS. ARGENTINA
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"/> Change <input type="checkbox"/> Addition
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: *Mizrahi* **SIGNATURE REQUIRED** FEB. 25 00 305.361-8424

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

CR2E034 (9/99)