

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067937

1. Entity Name

SWOOP CORPORATION

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90037 031 ***150.00

Principal Place of Business

Mailing Address

21298 SW 91ST AVENUE
MIAMI FL 33189

21298 SW 91ST AVENUE
MIAMI FL 33189-3861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0190055

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

VICTORIA, TOMAS R
12625 NW 7TH LANE
MIAMI FL 33182

Name

VICTORIA, TOMAS R
21298 SW 91 AVENUE

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

City

MIAMI

FL

Zip Code

33189

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 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
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 VP
NAME VICTORIA, KAREN
STREET ADDRESS 12625 NW 7 LANE
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE VP
NAME VICTORIA, KAREN
STREET ADDRESS 21298 SW 91 AVE
CITY-ST-ZIP MIAMI FL 33189 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR-7-00

Date

305-234-9000

Daytime Phone #

CR2E034 (9/99)