

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036305

1. Entity Name

SWITCH CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90049 047 ***150.00

Principal Place of Business

8311 NW 66TH ST.
MIAMI FL 33166

Mailing Address

8311 NW 66TH ST.
MIAMI FL 33624-4797

2. Principal Place of Business

4119 GUNN HIGHWAY

3. Mailing Address

4119 GUNN HIGHWAY

Suite, Apt. #, etc.

SUITE # 22

Suite, Apt. #, etc.

SUITE # 22

City & State

TAMPA, FL

City & State

TAMPA FL

Zip

33624-4797

Country

HILLSBOUGH

Zip

33624-4797

Country

HILLSBOUGH

4. FEI Number

65-0746014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANQUILINI, MIRIAM
8311 NW 66TH ST.
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD
NAME TRANQUILINI, MIRIAM
STREET ADDRESS 8311 NW 66TH ST.
CITY-ST-ZIP MIAMI FL 33166



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
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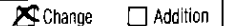


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



5201 LADY ROSE COURT
LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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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

Date

Daytime Phone #

CR2E034 (9/99)