

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90199 047 ***150.00

0101832

DOCUMENT # P97000037451

1. Entity Name

AMERICAN SWISS ASSETS, INC.

Principal Place of Business

**1600 S. OCEAN DR., PH-19K
HOLLYWOOD FL 33019**

Mailing Address

**1600 S. OCEAN DR., PH-19K
HOLLYWOOD FL 33019**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0753098

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAKHTOURA, FADI
1600 S. OCEAN DR., PH-19K
HOLLYWOOD FL 33019**

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, 2001 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	<input type="checkbox"/> Delete
NAME	CHAKHTOURA, FADI	
STREET ADDRESS	1600 S. OCEAN DR., PH-19K	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	AQUAD, DANY	
STREET ADDRESS	1500 S OCEAN DR, #1-E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FADIA, ELIAS	
STREET ADDRESS	8020 FAIRVIEW DR, #306	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-01 954 483 7821

CR2E034 (10/00)