

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038913

1. Entity Name

SWISS-US INT. ENGINEERING, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90053 035 ***150.00

Principal Place of Business

Mailing Address

4130 PINE ISLAND RD
 PO BOX 87
 MATLACHA FL 33993
 US

4130 PINE ISLAND RD
 PO BOX 87
 MATLACHA FL 33133-3233
 US

2. Principal Place of Business

3. Mailing Address

820 W. DILLON DR

820 W. DILLON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0759132

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

JESSEN, ANDREW
 9371-4 PRESIDENTIAL CT
 FT MYERS FL 33919

Name

DEGEN ROMAN

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

820 W. DILLON DR

City

MIAMI

FL

Zip Code

33139

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 ROMAN DEGEN

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

(NOTE: Registered Agent signature required when reinstating)

APR. 28/00

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 **DPST** ☒ Delete
 NAME **DEGEN, ROMAN**
 STREET ADDRESS **14400 BOKEELIA RD**
 CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DEGEN ROMAN**
 STREET ADDRESS **820 W. DILLON DR**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 28/00

Date

305 374 8080

Daytime Phone #

CR2E034 (9/99)