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# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # P9700008335/  
1. Entity Name  
SEMPITERNA INT. INC.

05-23-2001 90523 001 \*\*\*\*8.75  
05-23-2001 90523 002 \*\*\*150.00

Principal Place of Business	Mailing Address

2. Principal Place of Business <u>650 NE 64TH STREET</u>	3. Mailing Address <u>P.O. BOX 1181</u>
Suite, Apt. #, etc. <u>G610</u>	Suite, Apt. #, etc.

City & State <u>MIAMI</u>	City & State <u>MIAMI BEACH</u>
Zip <u>33138</u>	Zip <u>33119</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>65-0783005</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_

7. Name and Address of New Registered Agent

Name JUERG DANIEL SCHMID  
Street Address (P.O. Box Number is Not Acceptable) 680 NE 64TH STREET  
A-PH 7  
City MIAMI FL Zip 33138

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 JUERG DANIEL SCHMID DATE 04-26-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1-26-01 Fee will be \$350.00**  
**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	<u>DITO</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DITO</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT ANJA RANDEGGER</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY JUERG DANIEL SCHMID</u> <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 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	<u>PRESIDENT ANJA RANDEGGER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2383 FLAMINGO DR. MIAMI BEACH, FL, 39140</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY JUERG DANIEL SCHMID</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>680 NE 64TH STREET #A-PH 7 MIAMI, FL, 33138</u>
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: \_\_\_\_\_ DATE 04-26-01 DAYTIME PHONE # 305-756 4926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)