

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000028419**1. Entity Name
SCHWENK CORPORATION**Principal Place of Business**

795 FALLING WATER ROAD

WESTON
33326

FL

Mailing Address

795 FALLING WATER ROAD

WESTON
33326

FL

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**65-0824843**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PIQUIN BRUNO R**
795 FALLING WATER ROADWESTON
33326

FL

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 **BRUNO PIQUIN**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete
NAME	OGLE BRYAN S	
STREET ADDRESS	180 NE 12 AVE 11-C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHWENK TRACY R	
STREET ADDRESS	180 NE 12 AVE 11-C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	PIQUIN BRUNO R	
STREET ADDRESS	795 FALLING WATER ROAD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERGI DIANA	
STREET ADDRESS	20304 99TH AVE SE	
CITY-ST-ZIP	SNOHOMISH WA 98296	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN WILLIAM E	
STREET ADDRESS	116 GRAND PAVILION	
CITY-ST-ZIP	ISLE OF PALMS SC 29451	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLE BRYAN S	
STREET ADDRESS	1740 NE 2ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENK TRACY R	
STREET ADDRESS	1740 NE 2ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
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: Bruno Piquin

PCD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)