

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002077

1. Entity Name

Swiss Atlantic Mortgage Corporaion

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR -1 AM 11:40

|  |                       |                                  |         |
|--|-----------------------|----------------------------------|---------|
| Principal Place of Business<br>444 Brickell Ave<br>Suite P-6<br>Miami, Fl. 33131 |                       | Mailing Address<br>Same          |         |
| 2. Principal Place of Business<br>444 Brickell Ave                               |                       | 3. Mailing Address<br>Same as #2 |         |
| Suite, Apt. #, etc.<br>Suite 809   |                       | Suite, Apt. #, etc.              |         |
| City & State<br>Miami, Florida   |                       | City & State                     |         |
| Zip<br>33131   | Country<br>Miami-Dade | Zip                              | Country |
| 4. FEI Number<br>65-0884965  |                       | Applied For<br>Not Applicable    |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                        |                       | \$8.75 Additional Fee Required   |         |

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Steven Tenny  
444 Brickell Ave., Suite P-6  
Miami, Fl. 33131

## 7. Name and Address of New Registered Agent

Name  
Robert F. Garner  
Street Address (P.O. Box Number is Not Acceptable)  
444 Brickell Ave., Suite 809  
City Miami, FL Zip Code 33131

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 Robert F. Garner Robert F. Garner Jan 13th, 2000  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Delete<br>Steven Tenny<br>444 Brickell Ave., P-6<br>Miami, Fl. 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Karl Bishopric<br>444 Brickell Ave., #809<br>Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>Luis E. Vazquez<br>444 Brickell Ave., #809<br>Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>George P. E. Ten Pow<br>444 Brickell Ave., #809<br>Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Robert F. Garner<br>444 Brickell Ave., #809<br>Miami, Fl. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 also 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: George P. E. Ten Pow T/D Jan 13th, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(305) 349-1544

CR2E034 (9/99)