

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90087 005 ***150.00

DOCUMENT # P99000002077

1. Entity Name

SWISS ATLANTIC MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
SUITE P24
MIAMI FL 33131

444 BRICKELL AVENUE
SUITE P24
MIAMI FL 33131

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 65-0884965

Applied For

Not Applicable

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

GARNER, ROBERT F.
444 BRICKELL AVENUE
SUITE 809
MIAMI FL 33131

Name TEN POW, George

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

444 BRICKELL AVE.
SUITE P24

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

George TEN POW

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BISHOPRIC, KARL	
STREET ADDRESS	444 BRICKELL AVENUE, #809	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	VAZQUEZ, LUIZ E.	
STREET ADDRESS	444 BRICKELL AVENUE, #809	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TEN POW, GEORGE P.E.	
STREET ADDRESS	444 BRICKELL AVENUE, #809	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARNER, ROBERT F.	
STREET ADDRESS	444 BRICKELL AVENUE, #809	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO, M, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, LUIZ E.	
STREET ADDRESS	444 BRICKELL AVE. # P24	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN POW, George	
STREET ADDRESS	444 BRICKELL AVE # P24	
CITY-ST-ZIP	MIAMI FL 33131	
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
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 information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIZ E. VAZQUEZ

4/25/01

305 960-2125

CR2E034 (10/00)