## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P9900006982 SWISS BAKE CORPORATION 4-23-2001 90101 007 \*\*\*150.00 Principal Place of Business Mailing Address 9791 NW 91 COURT 9791 NW 91 COURT MEDLY FL 33178 777 7 7 W MEDLY FL 33178 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0890182 Not Applicable Zip Country Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOLLER, BEAT P Street Address (P.O. 8ox Number is Not Acceptable) 9791 NW 91 COURT **MIAMI FL 33178** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete KOLLER, BEAT PAUL NAME NAME 9791 NW 91 COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MEDLY FL 33178 ☐ Change Addition TITLE ☐ Delete TITLE LARIOZA KOLLER, JULITA NAME NAME 9791 NW 91 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MEDLY FL 33178.** Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITI F ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

MALL JULITA
GNATURE AND TYPED OR PRINTED NAME OF SIGNI

17 April 2001