2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900006982 1. Entity Name SWISS BAKE CORPORATION						Secretary of State 04-30-2002 90186 019 ***150.00			
Principal Place 9791 NW 91 (MEDLY FL 33		Mailing Address 9791 NW 91 COURT MEDLY FL 33178			្រីក្រុងស្គ គ្រួក្រុងស្គ				
Principal Place of Business									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 65-0890182				
Zip	Country	Zip	Count	ry	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New Regi	stered Agent		
	¥			Name					
KOLLER, BEAT P 9791 NW 91 COURT MIAMI FL 33178				Street Address (P.O. Box Number is Not Acceptable)					
		City				,	FL Zip Cod	e	
8. The above	named entity submits this statement for t	he purpose of changing its re	egistere	d office or regi	istered aç	gent, or both, in the State of Florida	3 .		
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: I	Registered	Agent signature rec	quired when r	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to			2 Fee v	vill be \$550.0		Election Campaign Finance Trust Fund Contribution.	+	May Be	
11.	OFFICERS AND D	IRECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME	P KOLLER, BEAT PAUL 9791 NW 91 COURT MEDLY FL 33178	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARIOZA KOLLER, JULITA 9791 NW 91 COURT MEDLY FL 33178	□ Delete		ı			☐ Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I		<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete		l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with it on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, with	rue and accurate and that my rered to execute this report as	/ signatι	re shall have t	the same	legal effect as if made under oath	; that I am an officer	or director	

SIGNATURE

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April 02

305 882 1300

Daytime Phone #