

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051190

1. Entity Name

SW SERVICES CORP.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90106 017 ***150.00

Principal Place of Business

3021 SW 28TH LANE
 COCONUT GROVE FL 33133

Mailing Address

3021 SW 28TH LANE
 COCONUT GROVE FL 33133-3507

2. Principal Place of Business

8045 NW 36th ST

3. Mailing Address

8045 NW 36th ST.

Suite, Apt. #, etc.

SUITE 525

Suite, Apt. #, etc.

SUITE 525

City & State

MIAMI, FL

City & State

FLORIDA, MIAMI

4. FEI Number

65-0928904

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

USA.

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

SPINNATO, LUIS A
 3021 SW 28TH LANE
 COCONUT GROVE FL 33133

Name

SPINNATO, LUIS A.

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

8045 NW 36th ST SUITE 525

City

MIAMI

FL

Zip Code

33166

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

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

PD

☐ Delete

NAME

SPINNATO, LUIS A

STREET ADDRESS

10400 SW 108TH AVE APT A-304

CITY-ST-ZIP

MIAMI FL 33176

TITLE

SD

☐ Delete

NAME

LECUNA, CARMEN N

STREET ADDRESS

10400 SW 108TH AVE APT A-304

CITY-ST-ZIP

MIAMI FL 33176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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 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: LUIS A SPINNATO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2000 (305) 718-8797
 Date Daytime Phone #

CR2E034 (9/99)