

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073167

1. Entity Name

IECW APARTMENTS INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 041 ***550.00

Principal Place of Business

% DOLLY COHAN, LAW OFFICES OF WAYNE LEVINE
 777 LANTANA ROAD
 LANTANA FL 33462

Mailing Address

% DOLLY COHAN, LAW OFFICES OF WAYNE LEVINE
 777 LANTANA ROAD
 LANTANA FL 33462-1632

2. Principal Place of Business

80 Coast to Coast
 Suite, Apt. #, etc.
 5051 Castello Drive #17

3. Mailing Address

80 Coast to Coast
 Suite, Apt. #, etc.
 5051 Castello Drive #17

City & State

Naples, FL

City & State

Naples FL

4. FEI Number

65-0942939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COHAN, DOLLY
 LAW OFFICES OF WAYNE M. LEVINE
 777 LANTANA ROAD
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Petra Roller

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

80 Coast to Coast Investment
 5051 Castello Drive #17

City

Naples

FL

Zip Code

34103

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

Petra Roller

/PR Petra Roller

6/3/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, PHILIP	
STREET ADDRESS	POSTSTRASSE 23 CH-9001	
CITY-ST-ZIP	ST. GALLEN, SWITZERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PUP TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schneider, Philip	
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		
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 like empowered.

SIGNATURE:

Philip Schneider
 lic. jur. Ph. Schneider MCL
 Rechtsanwalt
 Poststrasse 23
 9001 St. Gallen

PS 1/14/00

9415663511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Date

Daytime Phone #

CR2E034 (9/99)