

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90193 023 ***150.00

DOCUMENT # P99000078688

1. Entity Name
SWAGGER ENTERTAINMENT CO.

Principal Place of Business
20533 BISCAYNE BLVD STE 421
AVENTURA FL 33180

Mailing Address
20533 BISCAYNE BLVD STE 421
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0961569

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, PAUL
933 NE 199 STREET STE 203
NO MIAMI BEACH FL 33179

Name Paul Williams
Street Address (P.O. Box Number is Not Acceptable)
20341 N.E 10th Court
City Miami FL Zip Code 33179

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)

April 16, 2001

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, 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
NAME WILLIAMS, PAUL ☒ Delete
STREET ADDRESS 933 NE 199TH STREET STE 203
CITY-ST-ZIP MIAMI FL 33179

TITLE P
NAME Paul Williams ☒ Change ☐ Addition
STREET ADDRESS 20341 N.E 10th Crt
CITY-ST-ZIP miami FL 33180

TITLE ~~P~~
NAME ~~WILLIAMS, Paul~~ ☐ Delete
STREET ADDRESS ~~20341 N.E 10th Crt~~
CITY-ST-ZIP ~~miami Florida 33180~~

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 305 999-9076
Date Daytime Phone #

CR2E034 (10/00)