

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03623

1. Entity Name

33RD STREET ENTERPRISES, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90011 018 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O STEVEN E. FULLER/ADAIR. FULLER  
 100 WEST CYPRESS CREEK ROAD  
 FT LAUDERDALE FL 33309  
 US

C/O STEVEN E. FULLER/ADAIR. FULLER  
 100 WEST CYPRESS CREEK ROAD  
 FT LAUDERDALE FL 33309-2181  
 US

00010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*SUMATRA STRASSE 1*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*ZURICH*

City & State

4. FEI Number

65-0221243

Applied For

Not Applied

Zip

*8006*

Country

*SWITZERLAND*

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

FULLER, STEVEN E  
 100 W CYPRESS CREEK ROAD STE 1045  
 FT LAUDERDALE FL 33309

Name

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

City

**FL**

Zip Code

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	TSD	<input type="checkbox"/> Delete
NAME	SIAT, KEITH	
STREET ADDRESS	SUMATREA STRASSE 1	
CITY-ST-ZIP	ZURICH SW 8006	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIAT, GISELLE R	
STREET ADDRESS	SUMATRA STRASSE 1	
CITY-ST-ZIP	ZURICH SW 8006	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	<i>SUMATRA STRASSE 1</i>	
CITY-ST-ZIP		
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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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Giselle R. Siat*  
*President*

Date

*1/24/00* *x(411) 252-128*

Daytime Phone #