

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90139 009 ***150.00

DOCUMENT # P00000044168

1. Entity Name
SNAP PARTNERS REALTY, INC.



Principal Place of Business
 1840 WEST 49TH STREET
 SUITE NO. 2204
 HIALEAH FL 33012

Mailing Address
 1840 WEST 49TH STREET
 SUITE NO. 2204
 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1006188	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
QUIRCH, EDUARDO J 6792 BROOKLINE DRIVE MIAMI FL 33015			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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUIRCH, EDUARDO J 6792 BROOKLINE DRIVE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: EDUARDO J. QUIRCH **EDUARDO J. QUIRCH** 4/28/01 305-829-3239
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment 8094
 SNAP Partners
 Realty, Inc
 Ac. # 700000044168

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

AMOUNT OF DEPOSIT (Do NOT type, please print)
 DOLLARS

FBI

EIN **65-1006188** 062203

SNAP PARTNERS REALTY INC
 6792 BROOKLINE DR
 MIAMI FL 33015-2402

FOR BANK USE ONLY

Darken only one TYPE OF TAX		and	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945		<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-0	<input type="checkbox"/> 1120		<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T		<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF		<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

62

C7 2

Telephone number

305) 829 3239

FOR BANK USE IN MICR ENCODING