

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90116 037 ***150.00

DOCUMENT # P99000018202

1. Entity Name
THERMA SNAP, INC.

Principal Place of Business
 2805 E. OAKLAND PARK BLVD. #714
 FORT LAUDERDALE FL 33306

Mailing Address
 2805 E. OAKLAND PARK BLVD. #714
 FORT LAUDERDALE FL 33306

2. Principal Place of Business

2929 E. Commercial

3. Mailing Address

2929 E. Commercial

Suite, Apt. #, etc.

PH-D

Suite, Apt. #, etc.

PH-D

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

Broward

Zip

33308

Country

Broward

6. Name and Address of Current Registered Agent

SILVESTER, PAUL

2805 E. OAKLAND PARK BLVD. #714
 FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

David Aven

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

2929 E. Commercial, PH-D

City

Fort Lauderdale, FL

Zip Code

33308

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 David Aven
 Signature, typed or printed name of registered agent and title if applicable.

David Aven

(NOTE: Registered Agent signature required when reinstating)

1-28-02

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, 2002 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	SILVESTER, PAUL	
STREET ADDRESS	2805 E. OAKLAND PARK BLVD. #714	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Aven	
STREET ADDRESS	2929 E. Commercial, PH-D	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
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		
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:

David Aven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-02

Daytime Phone #

954-491-8008

CR2E034 (9/01)