

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000149**

1. Entity Name

SNOWMASS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1800 N.E. 114TH STREET, SUITE 1606
MIAMI FL 33181**

Mailing Address

**1800 N.E. 114TH STREET, SUITE 1606
MIAMI FL 33181**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAINES, MIRA
1800 N.E. 114TH STREET, SUITE 1606
MIAMI FL 33181**

7. Name and Address of New Registered Agent

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GAINES, MIRA | |
| STREET ADDRESS | 1800 N.E. 114TH STREET, SUITE 1606 | |
| CITY-ST-ZIP | MIAMI FL 33181 | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | GARCIA, FRANK E | |
| STREET ADDRESS | 3050 W 16TH AVE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | GAINES, MURRAY | |
| STREET ADDRESS | 1800 N.E. 114TH STREET, SUITE 1606 | |
| CITY-ST-ZIP | MIAMI FL 33181 | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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 | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

MIRA GAINES

Date

1/13/01

Daytime Phone #

(305) 895-1257**FILED
Jan 25, 2001 8:00 am
Secretary of State**

01-25-2001 90121 050 ****61.25

00007701

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)