

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000149

1. Entity Name

SNOWMASS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19955 N.E. 38TH COURT
SUITE 2304
AVENTURA FL 33180

Mailing Address

19955 N.E. 38TH COURT
SUITE 2304
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

19955 N.E. 38TH COURT APT. 2304

City AVENTURA

FL Zip Code 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MIRA GAINES DP
Mira Gaines

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

(NOTE: Registered Agent signature required when reinstating)

7/8/02
DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME GAINES, MIRA ☐ Delete
STREET ADDRESS 1800 N.E. 114TH STREET, SUITE 1606
CITY-ST-ZIP MIAMI FL 33181

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19955 N.E. 38TH COURT APT. 2304
CITY-ST-ZIP AVENTURA, FL. 33180

TITLE DVP
NAME GARCIA, FRANK E ☐ Delete
STREET ADDRESS 3050 W 16TH AVE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE DST
NAME GAINES, MURRAY ☐ Delete
STREET ADDRESS 1800 N.E. 114TH STREET, SUITE 1606
CITY-ST-ZIP MIAMI FL 33181

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19955 N.E. 38TH COURT APT. 2304
CITY-ST-ZIP AVENTURA, FL. 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MIRA GAINES DP
Mira Gaines REQUIRED

7/8/02 (305) 792-2912

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90197 044 ****61.25

B0129307



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (4/02)