

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000006271**

1. Entity Name

**SNN ENTERPRISE INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 18 AM 10:53

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5254 NW 114 AVE**

Suite, Apt. #, etc.

**108**

City & State

**MIAMI, FLORIDA**

Zip

**33178**

Country

3. Mailing Address

**5254 NW 114 AVE**

Suite, Apt. #, etc.

**108**

City & State

**MIAMI FLORIDA**

Zip

**33178**

Country

**600013633366**  
03/06/03--01060--030 \*\*450.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0975785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **MANUEL EXPOSITO**

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

**5254 NW 114 AVE #108**

City **MIAMI**

**FL**

Zip Code  
**33178**

**DO NOT WRITE  
IN THIS SPACE**

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

*Manuel Exposito*

02/15/2003

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

(NOTE: Registered Agent signature required when retreating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL EXPOSITO 5254 NW 114 AVE 108 MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRENE EXPOSITO 5254 NW 114 AVE #108 MIAMI FL 33178
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deene Exposito*

02/15/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034B (12/02)

SNN ENTERPRISE INC.  
5254 NW 114 AVE #108  
MIAMI, FL 33178

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT # P0000000627/

We are in receipt of the administratively dissolution due to non-filing of annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$450.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
\_\_\_\_\_  
IRENE EXPOSITO/- SECRETARY