2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044168

1. Entity Name

SIGNATURE:

SNAP PARTNERS REALTY, INC. Principal Place of Business Mailing Address 1840 WEST 49TH STREET 1840 WEST 49TH STREET SUITE NO. 220-4 **SUITE NO. 220-4** HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number - 100 6188 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Country __ - - -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUIRCH, EDUARDO J Street Address (P.O. Box Number is Not Acceptable) 6792 BROOKLINE DRIVE MIAMI FL 33015 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 PSTD Delete TITLE TITLE QUIRCH, EDUARDO J NAME NAME STREET ADDRESS **6792 BROOKLINE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Addition ☐ Detete TITLE ☐ Change MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7/P TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Channe TITI F TITLE ☐ Delete NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 it 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.

EWARDO J. QUIRCH 4/28/01

FILED

Jun 20, 2001 8:00 am

Secretary of State

05-15-2001 90139 009 ***150.00

5

<u>ئ</u> -___ا

Startners

Partners

Peaky tran

A ROTO 000 44168

