

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90148 001 \*\*\*158.75

0216338

**DOCUMENT # P00000083974**

1. Entity Name

**SNIP MAGAZINE, INC.**

Principal Place of Business

**11041 S W 63RD TERRACE  
MIAMI FL 33173**

Mailing Address

**11041 S W 63RD TERRACE  
MIAMI FL 33173**

2. Principal Place of Business

**3220 SOUTH NEWCOMBE ST.**

3. Mailing Address

**1947 S. WADSWORTH BLVD**

Suite, Apt. #, etc.

**# 12-201**

Suite, Apt. #, etc.

**#113**

City & State

**LAKEWOOD, CO**

City & State

**LAKEWOOD, CO**

Zip

**80227**

Country

**USA**

Zip

**80227**

Country

**USA**

4. FEI Number

**65-1045745**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LARENA-LACAYO, JACQUELINE  
448 S W 80TH AVENUE  
MIAMI FL 33144**

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

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, 2001 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 **D** ☐ Delete  
NAME **LARENA-LACAYO, JACQUELINE**  
STREET ADDRESS **448 S W 80TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☐ Delete  
NAME **MARTINEZ, STEPHANIE**  
STREET ADDRESS **11041 S W 63RD TERRACE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
NAME **ARIAS, JULIE**  
STREET ADDRESS **11041 S W 63RD TERRACE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete  
NAME **ARIAS, GEORGE M**  
STREET ADDRESS **11041 S W 63RD TERRACE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **LARENA-LACAYO, JACQUELINE**  
STREET ADDRESS **448 S W 80TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **MARTINEZ, STEPHANIE**  
STREET ADDRESS **9631 SW 77TH AVE #C-302**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **ARIAS, JULIE**  
STREET ADDRESS **3220 SOUTH NEWCOMBE ST. #12-201**  
CITY-ST-ZIP **LAKEWOOD, CO 80227**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ARIAS, GEORGE M.**  
STREET ADDRESS **3220 SOUTH NEWCOMBE ST. #12-201**  
CITY-ST-ZIP **LAKEWOOD, CO 80227**

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

TITLE ☐ Change ☐ 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:

**STEPHANIE MARTINEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/6/01**

Daytime Phone #

**305-271-4270**

CR2E034 (10/00)