

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-11-2001 90019 045 ***158.75

DOCUMENT # P00000108030

1. Entity Name

SNACKS UNLIMITED, INC.

Principal Place of Business

2103 S.W. CORAL WAY
 5TH FLOOR
 MIAMI FL 33145

Mailing Address

2103 S.W. CORAL WAY
 5TH FLOOR
 MIAMI FL 33145

2. Principal Place of Business

2103 CORAL WAY

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33145

Country

DADE

Zip

33145

Country

DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AEDO, ELVIRA
2103 S.W. CORAL WAY
5TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **AEDO, ELVIRA**

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

2103 CORAL WAY SUITE 201

City **MIAMI**

FL

FL

Zip Code **33145**

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

Elvira Aedo

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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	PD	<input type="checkbox"/> Delete
NAME	AEDO, ELVIRA	
STREET ADDRESS	2103 S.W. CORAL WAY 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SORIANO, JUAN	
STREET ADDRESS	2103 S.W. CORAL WAY 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MCCLAIN, TANIA	
STREET ADDRESS	2103 S.W. CORAL WAY 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENE DAGO	
STREET ADDRESS	2103 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
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		

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:

Elvira Aedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

DATE

305 858-3409

DAYTIME PHONE #

CR2E034 (10/00)