

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058860

1. Entity Name

THREE SNAILS INC.

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90042 042 ***150.00

Principal Place of Business

330 WEST 20TH STREET #8
HIALEAH FL 33010

Mailing Address

330 WEST 20TH STREET #8
HIALEAH FL 33010

2. Principal Place of Business

9910 NW 80 AV.

3. Mailing Address

330 W 20TH ST

Suite, Apt. #, etc.

2-S

Suite, Apt. #, etc.

8

City & State

HIALEAH GARDENS

City & State

HIALEAH FL

Zip

FL

Country

33016

Zip

33010

Country

MIAMI-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

7. Name and Address of New Registered Agent

QUESADA, MANUEL E

330 WEST 20TH STREET #8
HIALEAH FL 33010

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	QUESADA, MANUEL E	330 WEST 20TH STREET #8	HIALEAH FL 33010				

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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/02

Date

305-805-7229

Daytime Phone #

CR2E034 (9/01)