

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 006 ***150.00

DOCUMENT # **P02000063751**

1. Entity Name

SNACK KING, INC



DO NOT WRITE IN THIS SPACE

90120995

2. Principal Place of Business
1943 MEARS PARKWAY

3. Mailing Address
1943 MEARS PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE, FL

City & State
MARGATE, FL

4. FEI Number **30-0085807**

Applied For
Not Applicable

Zip
33063

Country
USA

Zip
33063

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SPIEGEL & UTRERA, P.A.**

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

1840 CORAL WAY 4TH FLOOR

City **MIAMI**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**ENRIQUE PUMARIEGA, JR PST
5440 NW 55TH BLVD APT 104
COCONUT CREEK, FL 33063**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2003

Date

954-4441648

Daytime Phone #

CR2E034B (12/02)