

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90717 004 ***150.00

DOCUMENT # P93000011708

1. Entity Name

SNOWBANK CAPITAL CORPORATION

Principal Place of Business

TWO URBAN CENTRE
4890 KENNEDY W. #130
TAMPA FL 33609
US

Mailing Address

TWO URBAN CENTER
4890 PRESIDENT KENNEDY, STE. 130
TAMPA FL 33609

2. Principal Place of Business

3350 BUSCH WOOD PARK

3. Mailing Address

1509 SHERBROOKE ST. W

Suite, Apt. #, etc.

160

Suite, Apt. #, etc.

14

City & State

TAMPA FLORIDA

City & State

MONTREAL, QUEBEC

Zip

33610

Country

USA

Zip

H3G 1M1

Country

CANADA

6. Name and Address of Current Registered Agent

HARRIS, CHRIS
TWO URBAN CENTRE
4890 KENNEDY #130
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

CHRIS HARRIS

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

3350 BUSCH WOOD PARK DR. Suite 160

City

TAMPA

FL

Zip Code

33610

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

Chris Harris

4/26/2001

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 | P | <input type="checkbox"/> Delete |
| NAME | D'ANGELO, CHARLES | |
| STREET ADDRESS | MIDSHIPMAN ROAD, P.O. BOX F.42524 | |
| CITY-ST-ZIP | FREEPORT BAHAMAS | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES D'ANGELO | 14 |
| STREET ADDRESS | 1509 SHERBROOKE ST. WEST APT. 16 | |
| CITY-ST-ZIP | MONTREAL, QC, CANADA H3G 1M1 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT CHARLES D'ANGELO

Date

Daytime Phone #

04/27/01 351-8093

CR2E034 (10/00)