

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 036 ***150.00

DOCUMENT # P93000011905

1. Entity Name

SNOWBANK CAPITAL CORPORATION

CDA + CO. INC

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

Suite, Apt. #, etc.

160

City & State

TAMPA FLORIDA

Zip

33610

Country

USA

3. Mailing Address

1509 SHERBROOKE ST. W

Suite, Apt. #, etc.

14

City & State

MONTREAL, QUEBEC

Zip

H3G 1M1

Country

CANADA

4. FEI Number

50-8101022

59.3164921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

Chris Harris

(NOTE: Registered Agent signature required when reinstating)

DATE

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	
STREET ADDRESS	1509 SHERBROOKE ST. WEST APT. 14	
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:

CHARLES D'ANGELO

President

04/27/01 242

351.8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #