

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

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90063 010 ***150.00

DOCUMENT # P94000013825

1. Entity Name

Snowbirds International Realty Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Bayview Drive

3. Mailing Address

100 Bayview Drive

Suite, Apt. #, etc.

Suite 717

Suite, Apt. #, etc.

Suite 717

City & State

Miami Florida

City & State

Miami Florida

Zip

33160

Country

USA

Zip

33160

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0576891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FEDER, LAWRENCE H

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

2450 Hollywood Blvd

Suite 401

City

Hollywood Florida

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
Stern Michael
100 Bayview Drive #717
Miami Florida 33160

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Stern

Jan 12/02

(416) 3993195

Date

Daytime Phone #

CR2E034B (12/01)