

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029306

1. Entity Name

SNOWFLAKE INVESTMENTS, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90039 007 ***150.00

Principal Place of Business

7231 SW 63RD AVE
SUITE 200
MIAMI FL 33143
US

Mailing Address

7231 SW 63RD AVE
SUITE 200
MIAMI FL 33143-4814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0487034

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

BRU, RAFAEL I
7231 SW 63RD AVE
SUITE 200
MIAMI FL 33143

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, 2000 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	ASD	<input type="checkbox"/> Delete
NAME	BRU, RAFAEL I	
STREET ADDRESS	7231 SW 63RD AVE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOREIRA, DOMINGO R.	
STREET ADDRESS	7231 SW 63RD AVE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALONSO, LUIS	
STREET ADDRESS	7231 SW 63RD AVE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOREIRA, ANA MARIE	
STREET ADDRESS	7231 SW 63RD AVE. STE. 200	
CITY-ST-ZIP	MIAMI FL 33143	
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		<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		
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: 

President

1/5/00

(305) 663- 4380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #