

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029306

1. Entity Name  
SNOWFLAKE INVESTMENTS, INC.

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90376 005 \*\*\*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  
US

DEPARTMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0487034

Applied For  
Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASD  
NAME BRU, RAFAEL I  
STREET ADDRESS 7231 SW 63RD AVE SUITE 200  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME MOREIRA, DOMINGO R.  
STREET ADDRESS 7231 SW 63RD AVE SUITE 200  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME ALONSO, LUIS  
STREET ADDRESS 7231 SW 63RD AVE SUITE 200  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MOREIRA, ANA MARIE  
STREET ADDRESS 7231 SW 63RD AVE. STE. 200  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME Ana Maria Moreira Bru  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

05/01/02 305-663-4380  
Date Daytime Phone #

CR2E034 (9/01)