2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000094100** May 03, 2000 8:00 am Secretary of State MARLENA SNYDER DESIGNS, INC. 05-03-2000 90149 041 ***150.00 Principal Place of Business Mailing Address 9940 SW 58TH ST 9940 SW 58TH ST MIAMI FL 33173 MIAMI FL 33173-1417 001440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0709401 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SNYDER: DAVID S Street Address (P.O. Box Number is Not Acceptable) 9940 SW 58TH ST , **MIAMI FL 33173** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!.FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** TITLE Change ☐ Addition ☐ Delete TITLE SNYDER, MARLENA NAME NAME STREET ADDRESS STREET ADDRESS 9940 SW 58TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Addition **VTD** TITLE Change ☐ Delete NAME SNYDER, DAVID S 9940 SW 58TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33173 ☐ Change ☐ Addition ☐ Delete TITLE CORREDOR, ELVIRA NAME NAME STREET ADDRESS STREET ADDRESS 11040 SW 58TH TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Addition ☐ Change TITLE TITI F ☐ Delete CORREDOR, ALVARO NAME STREET ADDRESS STREET ADDRESS 11040 SW 58 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PROPED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (305) >73 0 >95