

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90076 027 ***150.00

DOCUMENT # P96000104499

1. Entity Name
10845 SNAPPER CREEK ROAD, INC.

Principal Place of Business: **2655 LE JEUNE RD. PENTHOUSE II CORAL GABLES FL 33134**
 Mailing Address: **ROBERT L. JAMERSON, JR. P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134-5832**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

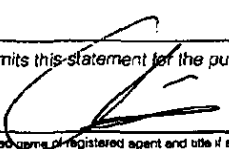
4. FEI Number: **65-0825597** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JAMERSON, JR., P.A., ROBERT L 2655 LE JEUNE RD. PENTHOUSE II CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name: **GUILLERMO FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable): **1501 VEVENA AV # 340**
 City: **CORAL GABLES** FL Zip Code: **33146**

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FERNANDEZ, GUILLERMO		NAME: _____	
STREET ADDRESS: 2655 LE JEUNE RD, PENTHOUSE II		STREET ADDRESS: _____	
CITY-ST-ZIP: CORAL GABLES FL 33134		CITY-ST-ZIP: _____	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DE FERNANDEZ, ELKE B		NAME: _____	
STREET ADDRESS: 2655 LE JEUNE RD, PENTHOUSE II		STREET ADDRESS: _____	
CITY-ST-ZIP: CORAL GABLES FL 33134		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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.



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 2000
Date

305 899 1000
Daytime Phone #