

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

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

Mailing Address

2655 LE JEUNE RD. PENTHOUSE II
CORAL GABLES FL 33134

ROBERT L. JAMERSON, JR. P.A.
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134-5832

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

65-0825597

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

JAMERSON, JR., P.A., ROBERT L
2655 LE JEUNE RD. PENTHOUSE II
CORAL GABLES FL 33134

Name

GUILLERMO FERNANDEZ

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

1501 VENEZIA AV. # 340

City

CORAL GABLES

FL

Zip Code

33136

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, GUILLERMO 2655 LE JEUNE RD, PENTHOUSE II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE FERNANDEZ, ELKE B 2655 LE JEUNE RD, PENTHOUSE II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

MAY 1, 2000

Date

305 899 1000

Daytime Phone #

CR2E034 (9/99)