

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000018202

1. Entity Name

Therm-A-Snap

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90002 023 ***150.00

00068653

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2805 E. OAKLAND PARK, # 174
FORT LAUDERDALE, FL 33306

2. Principal Place of Business 3. Mailing Address
2805 E. OAKLAND

Suite, Apt. #, etc. Suite, Apt. #, etc.
174 174

City & State City & State
FORT LAUDERDALE, FL

Zip Country Zip Country
33306 Broward

4. FEI Number Applied For
65-0896946 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

Paul SILVESTER
2805 E. OAKLAND PARK, #174
FORT LAUDERDALE, FL 33306

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 Paul Silvester
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 \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Paul Silvester | NAME | |
| STREET ADDRESS | 2805 E. OAKLAND PARK, #174 | STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33306 | 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 | |
| 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)(l), 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: Paul Silvester 6-27-00 954-968-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P99000018202

DOX68653



Keeping foods fresh is a snap.

Therm-A-Snap, Inc.
2805 E. Oakland Park, Suite 174
Fort Lauderdale, FL 33306

Tel: 954-968-8700
Fax: 954-566-4762
thermasnap@yahoo.com

June 27, 2000

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed please find form 2000 (UBR) and my check in the amount of \$150.00.

I did not receive a renewal notice from the state and had to call to have one sent to me. The gentlemen that I spoke with told me to fill it out and send it in with a letter explaining that I didn't receive the form in the mail.

Sincerely,

A handwritten signature in cursive script that reads "Paul Silvester".

Paul Silvester
President

10/27/2000 10:00 AM FAXED
FAXED TO: 954-566-4762 FROM: 954-968-8700
10/27/2000 10:00 AM FAXED TO: 954-566-4762 FROM: 954-968-8700