

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087244

1. Entity Name
SNN CORP.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90038 040 ***150.00

Principal Place of Business

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

Mailing Address

C/O MICHAEL ORTIZ
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business

2600 DOUGLAS ROAD

Suite, Apt. #, etc.
PH 6

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.
PH 6

City & State
CORAL GABLES, FL

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0954113**

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

ORTIZ, MICHAEL
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES FL 33134

Name
MICHAEL ORTIZ

Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD

PH 6

City **CORAL GABLES, FL** Zip Code **33134**

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, 2001 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

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SMANIOTTO, NILVA 2333 BRICKELL AVE #2508 MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMANIOTTO-LEAO, NEFER 2333 BRICKELL AVE #2508 MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ORTIZ, MICHAEL 328 MINORCA AVE 2ND FL CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
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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

Vice President

Date

Daytime Phone #

CR2E034 (10/00)