

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90128 041 ***150.00

DOCUMENT # P00000055186

1. Entity Name
SALOMON SNOW MARKETING & ADVERTISING, INC.



Principal Place of Business
**3200 NORTH 29TH AVE.
HOLLYWOOD FL 33020.**

Mailing Address
**3200 NORTH 29TH AVE.
HOLLYWOOD FL 33020**

2. Principal Place of Business

1942 HARRISON STREET

3. Mailing Address

1942 HARRISON ST.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-1022157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SALOMON, EMANUEL
3200 NORTH 29TH AVE.
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

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

MAR HARRISON STREET

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SALOMON, EMANUEL**
STREET ADDRESS **861 NW 81ST TERR.**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **SNOW, VALERIE**
STREET ADDRESS **7638 NW 59TH WAY**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

03/28/03 **95A**
922 4332

CR2E034 (10/02)