FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000015196 1. Entity Name SNOW REAL ESTATE, INC.					Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90106 004 ***158.75				1 3
Principal Place 6730 BLUE E LAKE WORTH		Mailing Address 6730 BLUE BAY CIRCLE LAKE WORTH FL 33467				14	I 88 HI 88 HI H 18 I BII 8 I		
2. Principal Place of Business 6791 NW 160 Street 6791 NW 160 Suite, Apt. #, etc. Suite, Apt. #, etc.				treet			E IN THIS SPACE		
City & Stat TRENT Zip	1 / . /	City & State TRENTON F Zip	Jorida Country		4. FEI Number	65-0985908		Applied For Not Applicable]
3269	6. Name and Address of Current Re	32693 gistered Agent	Levy Name		 Certificate of Name and A 	Status Desired	Fee Requ		-
SNOW, L 6730 Blt LA KE W C	INDA JE BAY CIRCLE 6791 NW DATH FL 33467 TRENTON,	160 ^{+h} Street FL 32693		670		is Not Acceptable)	Street	ode 2693	- - -
SIGNATURE	e named entity submits this statement for the St	ev Linda	SWOW Registered Agent sign.	or registered	agent, or both,		da. 2/13/02 DATE		-
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable 11. OFFICERS AND DIRECTORS			to Departme		te 10. Election Campaign Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, LINDA 6730 BLUE BAY CIRCLE 679/	Delete NW 160 th St. NN FL 32693	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	679		100th St	ERS AND DIRECTO A Change - Leet a 326	☐ Addition	72E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	Í
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[] Change	Addition	
of the corp	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	le and accurate and that my ered to execute this report as	signature shall i	have the san	ne legal effect a	s if made under oa	th: that I am an office	ar or director]

PROBLET LIND LIND SNOW 2/13/02 (561) 704-8697
DE SIGNING OFFICER OR DIRECTOR

Daytime Phone #