2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000077924

1. Entity Name

SNF, INCORPORATED



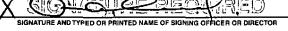
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91478 042 ***150.00

					A SWE THE	' '			
Principal Place of Business 1460 NE 137 STREET NORTH MIAMI FL 33161			Mailing Address 1460 NE 137 STREET NORTH MIAMI FL 33161				# [100](20]		
2. Principal F	Place of Busi	ness	3. Mailing Address		*****	\dashv			
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAK	ING CHANGES	
City & Sta			City & State			A 6	A EEI Nimber		
			Ony & State			4, [65-1128365	<u> </u>	ot Applicable
Zip		Country	Zip	Cour	ntry	5. (Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Currer	t Registered Agent			.7. N	lame and Address of New Register	ed Agent	
	्र-सर्चा	a b vancence of 10 to			Name				
HASEB, A	ibul 137 stree	r		Street Address (P.O			D. Box Number is Not Acceptable)		
_*	IIAMI FL 33								
•				City			F	Zip Cod	e
	tions of regis				ed office or regis	1000	ent, or both, in the State of Florida. Li		and accept
Afte	r May 1, 20	1: FEE IS \$150.00 03 Fee will be \$550.00 Florida Department	of State	11.		AD	Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS A	Added	May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI	E		` ,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delet HASEB, SOHELI 1460 NE 137 STREET NORTH MIAMI FL 33161		□ Delete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete*			⊸ ফ	والمناسبة المناسبة ا	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	actify that the		☐ Delete	1				Change	Addition

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:



104-23-03

Daytime Phone #

CR2E034 (10/(