2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90118 007 ***158.75

DOCUMENT # P96000101327

1. Entity Name
SN PROPERTIES, INC.

Principal Place of Business	Mailing Address
551 NW 77TH STREET SUITE 109 BOCA RATON FL 33487 US	551 NW 77TH STREETE SUITE 109 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7806 Charney Lane	7806 Charney Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33496 Country: Palm Beach	Zip: 33496 Country: Palm Beach

4. FEI Number 65-0713311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSI, SAMUEL
551 N W77TH STREET
SUITE 109
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Susi, Samuel
Street Address (P.O. Box Number is Not Acceptable): 7806 Charney Lane
City: Boca Raton FL Zip Code: 33496

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] 2/11/02
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, 2002 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		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUSI, SAMUEL		NAME		
STREET ADDRESS	551 NW 77TH STREET, SUITE 109		STREET ADDRESS	7806 Charney Lane	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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)(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 REQUIRED [signature] 2/4/02 (561) 997-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)