

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050625

1. Entity Name
SNOW'S VILLAGE JEWELERS II, INC.

Principal Place of Business
4448 WESTON RD
DAVIE FL 33331
US

Mailing Address
6837 MAIN STREET, #107-N
MIAMI LAKES FL 33014

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNOW, GARY J 6837 MAIN STREET, #107-N MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D SNOW, GARY J 6837 MAIN STREET, #107-N MIAMI LAKES FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	D SNOW, IDA 6837 MAIN STREET, #107-N MIAMI LAKES FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90004 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

01/03/02

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Daytime Phone #