

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 036 ***550.00

DOCUMENT # 634203

1. Entity Name
GET SMART, INC.

Principal Place of Business
~~13724 S.W. 84TH ST.~~ **8694 SW 137 CT.**
MIAMI FL 33183

Mailing Address
GET SMART INC
PO BOX 561987
MIAMI FL 33256-987
US

2. Principal Place of Business
8694 SW 137 CT
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 56-1987
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
MIAMI, FL

Zip
33183 Country **USA**

Zip
33256-1987 Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1928634** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~HOROWITZ HOWARD~~ **Bernstein, Carole**
~~3550 BISCAYNE BLVD., SUITE 402~~ **7995 SW 155 ST**
MIAMI FL 33187
33157

7. Name and Address of New Registered Agent
 Name **Carole Bernstein**
 Street Address (P.O. Box Number is Not Acceptable)
~~3550 Biscayne Blvd. Suite 402~~ **8694 SW 137 CT**
 City **Miami** **FL** Zip Code **33183**

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 Carole Bernstein President Carole Bernstein 7/7/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, CAROLE 19114 SW 90TH CT 7995 SW 155 ST MIAMI FL 8694 SW 137 CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EISENBERG, DELIA 13035 SW 90TH CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carole Bernstein President 7/7/00 (305) 378-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #