## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900005373  1. Entity Name SMITH AND GONZALES, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address						00 FEB 24	Care		
700 S. ROYAL POINCIANA BLVD. 700 S. ROYAL POINCIANA BLVD.						-4120 24	AF   :	39	
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166-6600									
Principal Place of Business     3. Mailing Address									<b>erri</b> ini ieri
									,
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State City & State				4. FEI Number Applied For					
					65	-094399	13		t Applicable
Zip	Country	. Zip	Country		5. Certif	icate of Status Desire	ed 🗌	\$5.00 Add Fee Required	
		7. Name and Address of New Registered Agent							
O T COPPORATION CVCTTM				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL-33324								-	
			City	····		<u> </u>	F	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registere									
o. The above	harried entity addition this statement for	the purpose of orlanging its	registered office	or registers	ou agont, t	5, 50m, me etale e	, riorida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable /NOTE	: Registered Agent sig	periuger erutenc	when reinstatu	10)	DATE	_	
	Transport Property Control of the Co								1.
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9.	MANAGING MEMBE		10.			ADDITIO	NS/CHANGE		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
iimited lia	bility company or the receiver or trustee	empowered to execute this r	report as require	su by Chapt	ler 608, FlC	nua Siaiules.	1	205)	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Date Daytime Phone #									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytome Phone #									