

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 022 ***150.00

DOCUMENT # M 73505

1. Entity Name

S.M.T. FINANCIAL SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 NE 14th AVE

3. Mailing Address
1001 NE 14th AVE

Suite, Apt. #, etc.
#102

Suite, Apt. #, etc.
#102

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE BEACH, FL

City & State
HALLANDALE BEACH, FL

4. FEI Number
65-0037496

Applied For
Not Applicable

Zip
33009

Country
US

Zip
33009

Country
US

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

7. Name and Address of Current Registered Agent

Name
TURETZKY SIDNEY M.

**DO NOT WRITE
IN THIS SPACE**

Street Address (P.O. Box Number is Not Acceptable)
1001 NE 14th AVE, #102

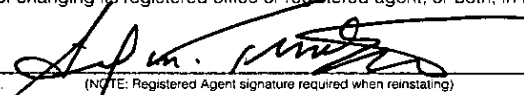
City
HALLANDALE BEACH

FL Zip Code
33009

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 **SIDNEY M. Turetzky**

Signature, typed or printed name of registered agent and title if applicable.



(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PD
NAME
TURETZKY SIDNEY M.
STREET ADDRESS
1001 NE 14th AVE, #102
CITY-ST-ZIP
HALLANDALE BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

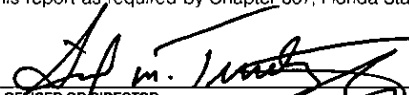
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SIDNEY M TURETZKY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DATE **4/14/02** (954) 458-4620
Daytime Phone #

CR2E034B (12/01)