

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90285 031 ***150.00

552870

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000067839
1. Entity Name
SMART COMPUTER SYSTEMS, INC.

Principal Place of Business **Mailing Address**
520 Brickell Key Dr, Suite 0-305 **520 Brickell Key Dr.**
Miami, Florida 33131 **Suite 0-305**
Miami, Florida 33131

2. Principal Place of Business **3. Mailing Address**
3900 NW 79 Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
566

City & State **City & State**
Miami, Florida
Zip **Country** **Zip** **Country**
33166 **USA**

4. FEI Number **Applied For**
65-1025851 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MENEZES, SIDNEY
520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

<input checked="" type="checkbox"/> Delete	TITLE D	NAME JARAMILLO, ANDRES	STREET ADDRESS 520 Brickell Key Dr., Suite 0-305	CITY-ST-ZIP Miami, Florida 33131
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE D/VP/S/T	NAME ARCINIEGAS, VIRGILIO	STREET ADDRESS 520 Brickell Key Dr. Suite 0-305	CITY-ST-ZIP Miami, Florida 33131
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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:  **VIRGILIO ARCINIEGAS** **APRIL 18, 2001** **(305) 374-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)