

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-28-2002 91715 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030032

1. Entity Name
SME WORLDWIDE USA, INC.

Principal Place of Business Mailing Address
58 NE 7 STREET **58 NE 7 STREET**
MIAMI FL 33132 **MIAMI FL 33132**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BLUMENSTINE, MARC L 58 NE 7 STREET MIAMI FL 33132				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *M Blumen* (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLUMENSTINE, MARC L 1351 NW 124 AVE PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAGMAN, TAMMY L 3601 FARAGUT ST HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M Blumen* Date: **4/24/02** Daytime Phone:

034 (9/01)

Attachment

97202
PO1000030032

RICHARD A. SPAHN & ASSOCIATES, P.A.
ACCOUNTING AND TAX CONSULTANTS

PROFESSIONAL BUILDING
6752 PINES BLVD
PEMBROKE PINES, FLORIDA 33024

TEL: (954) 430-7675
FAX: (954) 430-7674

PROFESSIONAL BUILDING
3442 S.E. LAKE WEIR ROAD
OCALA, FLORIDA 34471

TEL: (352) 351-1216
TEL: (352) 732-2104
FAX: (352) 671-5373

JULY 09, 2002

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

RE: SME WORLDWIDE USA, INC.
PO1000030032

THE TAXPAYER REQUESTED THAT I WRITE YOU
CONCERNING THE MISSING EIN.

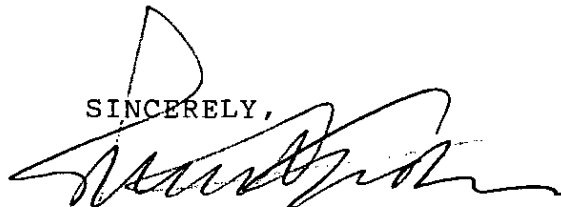
PLEASE NOTE THAT THE CORPORATION WAS A DORMANT
BUSINESS, HOWEVER, IT WAS ASSUMED THAT THE ATTORNEY ACQUIRED THE
FID# AT THE TIME OF INCORPORATION.

I AM THE ACCOUNTANT FOR THIS CORPORATION AND
HAVE APPLIED FOR THE EIN, COPY ATTACHED, AND HAVE FAXED THIS
INFORMATION TO THE IRS AND WE SHOULD HAVE THIS NUMBER WITHIN 4 DAYS.

PLEASE EXTEND YOUR DEADLINE ANOTHER FEW DAYS.

I CALLED YOUR OFFICE AND THE PERSON ANSWERING THE
PHONE INDICATED THAT THEY COULD NOT MARK THE CORPORATION'S RECORDS AND
ADVANCE THE DUE DATE ANOTHER 30 days SO AS A RESULT I AM WRITING THIS
LETTER.

SINCERELY,



FAX Attachment PLEASE FAX EIN 97302

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
S M E WORLDWIDE USA INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
58 NE 7TH ST.

5a Business address (if different from address on lines 4a and 4b)
#PO 60003032

4b City, state, and ZIP code
MIAMI FLORIDA 33132

5b City, state, and ZIP code

6 County and state where principal business is located
DADE FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ 594-07-2294
MARC L BLUMENSTINE

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶
- Personal service corp.
- National Guard
- Farmers' cooperative
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶ FOR PROFIT
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	<u>FLORIDA</u>	Foreign country	<u>N/A</u>
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ 421.700 SALES OF INDUSTRIAL PRODUCTS CRUISE SHIPS
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions)
03-23-01

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 10-01-02

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
<u>02</u>	<u>00</u>	<u>00</u>

14 Principal activity (see instructions) ▶ SALES - INDUSTRIAL PRODUCTS - CRUISE SHIP

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check one box.

- Public (retail)
- Other (specify) ▶ EXPORT & CRUISE SHIPS
- Business (wholesale)
- N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ N/A Trade name ▶ N/A

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ MARC L. BLUMENSTINE PRESIDENT

Business telephone number (include area code)
(305) 389-7666

Fax telephone number (include area code)
(305) 373-7800

Signature ▶ Marc L Blumenstine Date ▶ 07/06/02

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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