

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005069

1. Entity Name

SMARTMATIC CORPORATION

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90114 007 ***158.75

Principal Place of Business

Mailing Address

19591 DINNER KEY DRIVE
BOCA RATON FL 33498

19591 DINNER KEY DRIVE
BOCA RATON FL 33498

CU041344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6400 Congress Avenue
Suite, Apt. #, etc.

6400 Congress Avenue
Suite, Apt. #, etc.

Suite 1300

Suite 1300

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
522243719

Applied For
Not Applicable

Zip
33487

Country
U.S.A

Zip
33487

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANZOLA, ALFREDO
19591 DINNER KEY DRIVE
BOCA RATON FL 33498

Name
Anzola, Alfredo
Street Address (P.O. Box Number is Not Acceptable)
6400 Congress Avenue
Suite 1300
City Boca Raton FL Zip Code 33487

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 *[Signature]*
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MUGICA, ANTONIO
19591 DINNER KEY DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ANZOLA, ALFREDO
19591 DINNER KEY DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MUGICA RIVERO, ANTONIO
19591 DINNER KEY DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PINATE, ROGER
19591 DINNER KEY DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUGICA SESMA, ANTONIO
19591 DINNER KEY DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-862 0747

CR2E034 (10/00)