

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90263 001 ***300.00

DOCUMENT # L02000000031

1. Entity Name

SMART INNOVATIONS LLC

DO NOT WRITE IN THIS SPACE

- 16005

2. Principal Place of Business

1333 North Duval St.

Suite, Apt. #, etc.

3. Mailing Address

1333 North Duval St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32302

Country

USA

Zip

32302

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1333 North Duval Street

City

Tallahassee

FL

Zip Code

32302

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IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager
Mr. Kishor Mitul Jabanputra
Plot 22 Mackenzie Vale
Kololo Kampala, Uganda 9396

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager
Mr. Sreeraman Korattikkattil
21F Flat 3, Discovery Park
Tsuen Wan N.T., Hong Kong

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Janet M. Caruccio
Auth. Rep.

2-20-02

Date

302-421-5750

Daytime Phone #

CR2E083B (12/01)