

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90087 044 \*\*\*150.00

**DOCUMENT # F01000001101**

1. Entity Name

**SMART INTRANET, INC.**

Principal Place of Business

Mailing Address

**5430 NW 114TH AVE., #205  
 MIAMI FL 33178**

**PO BOX 526565  
 MIAMI FL 33152-6565**

2. Principal Place of Business

**7370 NW 36th St**

3. Mailing Address

Suite, Apt. #, etc.

**#325I**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**FL**

Zip

**33161**

Country

Zip

Country

4. FEI Number

**65-1087012**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURRAY, JAMES**

**5430 NW 114TH AVE., #205**

**MIAMI FL 33178**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

(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, 2002 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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, JAMES	
STREET ADDRESS	5430 NW 114TH AVE., STE 205	
CITY-ST-ZIP	MIAMI FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JAMES MURRAY	
STREET ADDRESS	1521 Alton Rd # 146	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	Art Stone	
STREET ADDRESS	5990 SW 128th ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

305-639-6770

Daytime Phone #

CR2E034 (9/01)