

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67501

1. Entity Name

CHARLES E. SMITH REALTY & DEVELOPMENT CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90123 035 ***150.00

Principal Place of Business

2881 N.E. 33RD COURT
SUITE 8C
FT LAUDERDALE FL 33306
US

Mailing Address

2881 N.E. 33RD COURT
SUITE 8C
FT LAUDERDALE FL 33306-2055
US

2. Principal Place of Business

6071-N.W. 61 AVE
#210

3. Mailing Address

6071-NW 61 AVE
#210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

59-2172334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLES E
2881 NE 33 CT
STE 8C
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name S. SMITH CHARLES E
Street Address (P.O. Box Number is Not Acceptable)
6071-NW 61 AVE
#210
City TAMARAC FL 33319

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

4/27/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES E	
STREET ADDRESS	2881 NE 33 CT, #8C	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6071-NW 61 AVE #210	
CITY-ST-ZIP	TAMARAC FL 33319	
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
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

4/27/00

Date

954-721-6336

Daytime Phone #

CR2E034 (9/99)