

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005199

1. Entity Name

SMITH-ANDERSON ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3580 WILSHIRE BLVD

Suite, Apt. #, etc.  
SUITE 1126

City & State  
LOS ANGELES, CA

Zip  
90010

Country  
LOS ANGELES

3. Mailing Address  
211 WAPOO

Suite, Apt. #, etc.  
SUITE 202

City & State  
CALISTOGA, CA

Zip  
94515

Country  
NAPA

4. FEI Number  
95-4396080

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

700005754477--0  
-06/11/02--01109--015  
\*\*\*1050.00 \*\*\*\*150.00

7. Name and Address of Current Registered Agent

Name  
THE PRENTICE HALL CORPORATION SYSTEM INC

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City  
TALLAHASSEE FL Zip Code  
32301

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
PC  
SHAHABI, SHAHIN  
STREET ADDRESS  
3580 WILSHIRE BLVD, STE 1126  
CITY-ST-ZIP  
LOS ANGELES, CA 90010

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shahin Shahabi* SHAHIN SHAHABI

04-20-02

800-788-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)