## **FILED** H25448

Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90025 007 \*\*\*150.00

<b>2002 UNIFORM I</b>	BUSINESS R	<b>EPORT (UBR)</b>
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DOCUMENT # 1. Entity Name

T. E. SMITH, INC.

Principal Place of Business

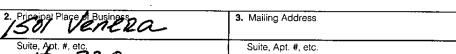
1493 SUNSET DR 2 FL CORAL GABLES 33 33146

US

Mailing Address

P.O. BOX 14-2096 CORAL GABLES FL 33134

US





Suite, Apt.	#, etc. <b>32</b> 0	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Star		City & State		4. FEI Number 59-2511133	Applied For Not Applicable	
3314	6 CountrySA	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- 1 -	6. Name and Address of Current Re	egistered Agent	to a management	7. Name and Address of New Re	gistered Agent	
SMITH, T	OM E		Name			
7280 SW 53RD AVE		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	. 33143					
			City		FL Zip Code	
SIGNATURE	e named entity submits this statement for the name of registered agent and signature, typed or printed name of registered agent and		gistered office or regis		da.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After May 1, 2002 Fo Make Check Payable to		FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Finar	ncing <b>\$5.00</b> May Be		
11.	OFFICERS AND DIRECTORS 12.		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS, CITY-ST-ZIP	P SMITH, TOM E 7330 SW 55TH AVE. S. MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		Delete .	TITLE	··	☐ Change ☐ Addition	

STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ 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)(1), 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 office of 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 12 in Changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: