

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46134

1. Entity Name

S.M.I. SALES CORP.

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

05-26-2000 90094 044 ***158.75

Principal Place of Business

% IRWIN LITTMAN
 16664 SW 5TH WAY
 FT LAUDERDALE FL 33326

Mailing Address

% IRWIN LITTMAN
 16664 SW 5TH WAY
 FT LAUDERDALE FL 33326-1537

2. Principal Place of Business

820 BAYSIDE LANE
 Suite, Apt. #, etc.

3. Mailing Address

820 BAYSIDE LANE
 Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

11-2841288

Applied For

Not Applicable

Zip

Country

33326

Zip

Country

33326

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUZAN, MITCHELL
 16664 S.W. 5TH WAY
 FT. LAUDERDALE FL

Name

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

820 BAYSIDE LANE

City

WESTON

FL

Zip Code

33326

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

Mitchell Pruzan
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRUZAN, MITCHELL	
STREET ADDRESS	16664 SW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRUZAN, ESTER	
STREET ADDRESS	16664 SW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRUZAN, STEVEN	
STREET ADDRESS	16664 SW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRUZAN, ILENE	
STREET ADDRESS	16664 SW 5TH WAY	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Above	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Above	
STREET ADDRESS		
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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 trustee 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

Date

Daytime Phone #

CR2E034 (9/99)