

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90236 005 ***158.75

DOCUMENT # **46134**

1. Entity Name
S.M.I. SALES Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5400 LYONS RD

3. Mailing Address
245-20 G.C. PKY.

Suite, Apt. #, etc.
108

Suite, Apt. #, etc.
4L

City & State
COCONUT CREEK, FL

City & State
BELLEROSÉ, NY.

4. FEI Number
142841288

Applied For
Not Applicable

Zip
33073

Country

Zip
11426

Country
QUEENS

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

**DO NOT WRITE
IN THIS SPACE**

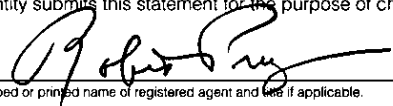
7. Name and Address of Current Registered Agent

Name
S.M.I. SALES Corp c/o I. LITTMAN

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

City **FT. LAUDERDALE** **FL** Zip Code **33325**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2002

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
NAME
MITCHELL PRUZAN
STREET ADDRESS
245-20 G.C. PKW.
CITY-ST-ZIP
BELLEROSÉ, NY 11426

TITLE
TREASURER
NAME
ESTER PRUZAN
STREET ADDRESS
245-20 G.C. PKWY
CITY-ST-ZIP
BELLEROSÉ, NY 11426

TITLE
VICE PRES
NAME
STEVEN PRUZAN
STREET ADDRESS
245-20 G.C. PKWY
CITY-ST-ZIP
BELLEROSÉ, NY 11426

TITLE
VICE PRESIDENT
NAME
ROBERT PRUZAN
STREET ADDRESS
245-20 GRAND CENT PKW
CITY-ST-ZIP
BELLEROSÉ, NY 11426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

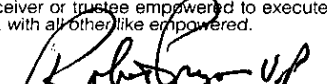
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 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 #

 **ROBERT PRUZAN** **4/14/2002** **718-279-2820**

CR2E034B (12/01)