

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90432 020 ***150.00

DOCUMENT # L60061

1. Entity Name

SMART INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

94064492

2. Principal Place of Business

P.O. BOX 1471

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1471

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA, FL.

City & State

MOUNT DORA, FL.

4. FEI Number

65-0182583

Applied For

Not Applicable

Zip

32756

Country

USA

Zip

32756

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CINTRA, PRIMITIVO

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

7015 PINE HOLLOW DR.

City

MOUNT DORA

FL

Zip Code

32756

**DO NOT WRITE
IN THIS SPACE**

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

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

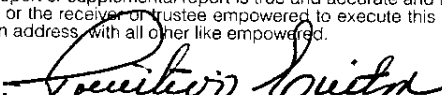
10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINTRA, PRIMITIVO 7015 PINE HOLLOW DR. MOUNT DORA, FL. 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **PRIMITIVO CINTRA-PRES.** 4/20/04 305-266-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)