

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90012 007 ****50.00

DOCUMENT # L99000000906

1. Entity Name

SMT OF AMERICA L.L.C.

Principal Place of Business

**3037 NW 82 AVENUE, SUITE 13
 MIAMI FL 33122**

Mailing Address

**3037 NW 82 AVENUE, SUITE 13
 MIAMI FL 33122**

2. Principal Place of Business

8206 NW 30TER

3. Mailing Address

8206 NW 30TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0894785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WATKINS, NICOLAS J
 COURVOISIER CENTRE I, SUITE 504
 501 BRICKELL KEY DRIVE
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **SPADARO, ALFREDO D**
 CITY-ST-ZIP **3037 NW 82 AVENUE, SUITE 13 8206 NW**
MIAMI FL 33122 30TER, Miami, FL.

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **HAUB, ADRIANA H**
 CITY-ST-ZIP **3037 NW 82 AVENUE, SUITE 13 8206 NW**
MIAMI FL 33122 30TER, Miami, FL.

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Adriana H. Haub**

02/07/02

(305) 994-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)