

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80064**

1. Entity Name  
**CHECK-OUT CORP.**



APPROVED  
AND  
FILED

03 JUN 27 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**2945 FLAMINGO DR  
MIAMI BEACH FL 33140  
US**

Mailing Address  
**2945 FLAMINGO DR  
MIAMI BEACH FL 33140  
US**

2. Principal Place of Business

3. Mailing Address

**2945 Flamingo Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami Beach FL**

4. FEI Number

**65-0108469**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33140**

**USA**

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

**GENET, S M  
2945 FLAMING DR  
MIAMI BEACH FL 33140**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GENET, S M 2945 FLAMINGO DR MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700021518537 07/14/03--01061--005 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/20/03 305 672 112**

CR2E034 (10/02)

202

6/20/03

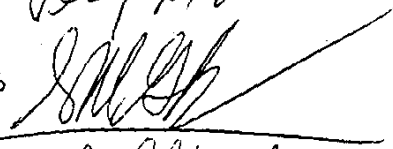
Fl. Dep't of State  
P.O. Box 6327  
Tallahassee, Fl. 32314

Gentlemen,

My Bookkeeper today Relieved from  
almost 3 months of Chemotherapy  
Due to Cancer - She found these  
4 Corporate reports somewhere  
on Her desk & advised Me of  
the Late Status. Would you  
Please accept the payment  
enclosed of \$150. for each report  
as payment timely, in full?

Thank You Very Much.

SMGT CORP # 65-0273933  
ALL HOLIDAY CORP # 65-0058112  
SOL B. CORP # 65-0570866  
CHECK-OUT-CORP # 65-010846

  
Michael Grant as agent  
or president of the  
respective Corps.