

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90964

1. Entity Name

SMART MORTGAGE CORPORATION

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

02-26-2000 90046 004 ***158.75

Principal Place of Business

Mailing Address

6555 POWERLINE RD
SUITE 414
FT LAUDERDALE FL 33309

6555 POWERLINE RD
SUITE 414
FT LAUDERDALE FL 33069-3214

2. Principal Place of Business

290 SW 12th Avenue

3. Mailing Address

290 SW 12th Avenue

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

Zip

33069

Country

Broward

4. FEI Number

65-0062269

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

PERLOFF, JOHN-W
1177 SE THIRD AVE
FT LAUDERDALE FL 33316

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) ☐

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SHANNON, PHILLIP W	
STREET ADDRESS	6555 POWERLINE RD., #414	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	NOVAK, KENNETH E	
STREET ADDRESS	6555 POWERLINE RD, #414	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BARRETT, SCOTT A	
STREET ADDRESS	6555 POWERLINE RD, #414	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, ART	
STREET ADDRESS	6555 POWERLINE RD, #414	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 SW 12th Ave Suite 4	
STREET ADDRESS	Pompano Bl FL 33049	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 SW 12th Ave Suite 4	
STREET ADDRESS	Pompano Bl FL 33049	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 SW 12th Ave Suite 4	
STREET ADDRESS	Pompano Bl FL 33049	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 SW 12th Ave Suite 4	
STREET ADDRESS	Pompano Bl FL 33049	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver 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 1/26/00 954-788-1182

CR2E034 (9/99)