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# 2000 UNIFORM BUSINESS REPORT (UBR)

# **DOCUMENT # M97431**

1. Entity Name

CDC/SMT, INC.

# FILED Jan 25, 2000 8:00 am Secretary of State

SUNRISE FL 33351 650 MADISON AVE	·						01-25-2	.000 90046 (	002 ***1:	50.00		
SUBJURISE N. 2005 N. WE REY WORK N. 10022-1029 US  2. Principal Place of Statises  3. Melling Address  Subs. Apt. #. etc.  DO NOT WRITE IN THIS SPACE  Applied For Inc. #. etc.  Applied For Inc.	Principal Place of Business Mailing Address				<del></del>	_						
Suite, Apt. #, vito:  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Cartificate of Status Desired  S. Total Address of Current Registered Agent  T. Name and Address of Name Registered Agent  T. Name and Address of Name Registered Agent  TALLAHASSEE FL 3201  City  FL  Zip Code  S. 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 Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Speat or provas name of registered Agent  Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intelligent Signature Speat or provas name of registered Agent  Intell	SUNRISE FL 33351 6 US N		650 MADISON AVE NEW YORK NY 10022-1029	650 MADISON AVE NEW YORK NY 10022-1029			1 2 <b>00</b> (000) 11 <b>0</b> (02) (3		01611 A/E() E(01	II <b>4:0:1</b> 1 <b>0:0</b> (1)		
City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301  Signal upon or process are required agent or the Facultable  City & State  City & State  Street Address (P O Box Number is Not Acceptable)  This corporation is digible to safety its Intengable Tall filling requirement any digitage to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.0	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			-)					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent  S. Name and Address of Status Desired   \$8.75 Additional Fee Regulated  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Street Address (P.O. Box Numbor is Not Acceptable)  Address (P.O. Box Numbor is Not Acceptable)  Street Address (P.O. Box Numbor is Not Acceptable)  Address (P.O. Box Numbor is Not A	City & Stat		City & State	City & State		<b>4.</b> F	4. FEI Number 65-0076135			<u> </u>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301   City   FL   Zip Code	Zíp	Country	Zip	Zip Country			5 Certificate of Status Desired 38.75 Add					
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FL 32301  City FL  City FL  Zip Code  Code  City FL  Zip Code  Code  City FL  Zip Code  Code  Code  Code  City FL  Zip Code		6. Name and Address of Current	Registered Agent			7. N	lame and Addres	s of New Regi				
1201 HAYS STREET TALLAHASSEE FL 32301  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is oligibile to satisfy its Intangible Tax Ring requirement and electes to do so. Make Check Payable to Department of State  11. **STATE AGENCE STATE AGENC		- 1		1	Vame	<del>-</del>		<del></del>			<del></del>	
### City   FL   Zip Code    ##				Street Address			(P.O. Box Number is Not Acceptable)					
SIGNATURE Signapus, hybrid or enhanced entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Signapus, hybrid or enhanced an eigethered agent and title of acoletables.  OXYTE Registered Agent eigethurs required when merelastrip)  P. This corporation is eligible to satisfy its Intangiptive Talk filling requirement and elects to do so. (See critering on bank)  Signapus, hybrid or enhanced and elects to do so. (See critering on bank)  Signapus, hybrid or enhanced angent and title of acoletables.  FELE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  The Line of Addition of Trust Fund Contribution.  The Addition of Trust Fund Contribution.  The Addition of Feers and Directors in the State of Floridas and the Addition of Trust Fund Contribution.  The Addition of Trust Fund Contribution.  The Addition of Feers and Directors in the State of Floridas and the Addition of Trust Fund Contribution.  The Addition of Trust Fund Contribution.  The Addition of Feers and Directors in the State of Floridas and the Addition of Trust Fund Contribution.  The Addi					<del></del>						_	
SIGNATURE  9. This corporation is digible to satisfy its Intangible Tax (filing requirement and elects to do so. (See criteria or back)    See criteria or back)					Oity	-	<del></del>		FL	Zip Code	<del></del> -	
9. This corporation have departed again and liter applicable. (NOTE: Reported Again trapiation throughout when remarked to So. O. C.	8. The above	named entity submits this statement f	or the purpose of changing its	registered o	office or regist	tered age	ent, or both, in the	State of Florida	a.			
This corporation is digible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55.0.0  Make Check Payable to Department of State  I1.	SIGNATURE .	Signature hand or cripted name of registered against	and title if applicable (NOTE	· Begistered Ag	ent signature requi	ired when re	instating)		DATE			
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indicated on mis report or supplemental report is true and that my signature shall have the same legal effect as it made under oath; that if an 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: