

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000001291****1. Entity Name**  
SMASHED INC.

<b>Principal Place of Business</b> 2722 W ATLANTIC BLVD, SUITE F  POMPANO BEACH FL 33069	<b>Mailing Address</b> 2722 W ATLANTIC BLVD, SUITE F  POMPANO BEACH FL 33069
---	---

<b>2. Principal Place of Business</b> 2722 W ATLANTIC BLVD, SUITE 7	<b>3. Mailing Address</b> 2722 W ATLANTIC BLVD, SUITE 7
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

<b>City &amp; State</b> POMPANO BEACH FL	<b>City &amp; State</b> POMPANO BEACH FL
---	---

<b>Zip</b> 33069	<b>Country</b>	<b>Zip</b> 33069	<b>Country</b>
---------------------	----------------	---------------------	----------------

<b>4. FEI Number</b> 65-0938318	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BEAUMONT MARCEL R  
2722 W ATLANTIC BLVD, SUITE F  
  
POMPANO BEACH FL 33069

**7. Name and Address of New Registered Agent**

Name  
BEAUMONT MARCEL R  
Street Address (P.O. Box Number is Not Acceptable)  
2722 W ATLANTIC BLVD, SUITE 7  
  
City  
POMPANO BEACH FL Zip Code  
33069

**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** \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> VP <b>NAME</b> SCAVO ROSA E <b>STREET ADDRESS</b> 7581 SW 159 PL <b>CITY-ST-ZIP</b> MIAMI FL 33193	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VPD <b>NAME</b> JOBIN RICHARD <b>STREET ADDRESS</b> 2722 W ATLANTIC BV SUITE 7 <b>CITY-ST-ZIP</b> POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
<b>TITLE</b> VPD <b>NAME</b> SCHWARZ JACK RJR <b>STREET ADDRESS</b> 1475 SE 15 ST 311 <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> TD <b>NAME</b> EOCASCIO EDWARD <b>STREET ADDRESS</b> 420 S DIXIE HWY 2K <b>CITY-ST-ZIP</b> CORAL GABLES FL 33146	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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)(f), 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 617, 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:** Marcel R. Beaumont PD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

---

**EDWARD S. LOCASCIO, TD**  
**420 S DIXIE HWY 2K**

**CORAL GABLES, FL 33146**

**ARTHUR G. FAREN, VP/D**  
**2722 W. ATLANTIC BLVD., SUITE 7**

**POMPANO BEACH, FL 33069**

**D. F. MIRBACH, VP/S/D**  
**2722 W. ATLANTIC BLVD., SUITE 7**

**POMPANO BEACH, FL 33069**

**MARCEL R. BEAUMONT, FOUNDER, CEO, PRES/D**  
**2722 W. ATLANTIC BLVD., SUITE 7**

**POMPANO BEACH, FL 33069**