

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001291

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SMASHED INC.

Current Principal Place of Business:

2722 W ATLANTIC BLVD, SUITE 7
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

2722 W ATLANTIC BLVD, SUITE 7
POMPAÑO BEACH, FL 33069

New Mailing Address:

1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

FEI Number: 65-0938318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUMONT, MARCEL R
2722 W ATLANTIC BLVD, SUITE 7
POMPAÑO BEACH, FL 33069

Name and Address of New Registered Agent:

BEAUMONT, MARCEL R
1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

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: M. R. BEAUMONT

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: EOCASCIO, EDWARD
Address: 420 S DIXIE HWY 2K
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD () Delete
Name: JOBIN, RICHARD
Address: 2722 W ATLANTIC BV SUITE 7
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: JOBIN, RICHARD
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPTD (X) Change () Addition
Name: FAREN, ARTHUR G
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPSD () Change (X) Addition
Name: MIRBACH, DORIS F
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: PD () Change (X) Addition
Name: BEAUMONT, MARCEL R
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. F. MIRBACH

VPSD

04/30/2002

Electronic Signature of Signing Officer or Director

Date