

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90156 035 \*\*\*150.00

DOCUMENT # *P000000 27473*

1. Entity Name

*SMMD INTERNATIONAL INVESTMENTS INC*

*80130505*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6055 N.W. 87 Ave*  
Suite, Apt. #, etc.

3. Mailing Address

*6055 N.W. 87 Ave*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI FL*

Zip *33178* Country *USA*

City & State

*MIAMI FL*

Zip *33178* Country *USA*

4. FEI Number

*65-0991464*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*MAGLIO J. MONTIEL*

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

*6055 N.W. 87 Ave*

City *MIAMI*

FL

Zip Code *33178*

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7-15-02*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D, Pres, MAGLIO J. Montiel</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-15-02*

*305-463-9990*

CR2E034B (12/01)

*Attachment*

SMMD INTERNATIONAL INVESTMENTS, INC.  
6055 N.W. 87TH AVENUE  
MIAMI, FL 33176

JULY 15, 2002

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

REF: SMMD INTERNATIONAL INVESTMENTS, INC.  
DOC # 900000027473

WE DID NOT RECEIVE THE UBR 2002 BY MAIL THIS YEAR. WE MOVED OUR OFFICE TO A NEW LOCATION THAT MAY BE WHY WE DIDN'T RECEIVE THE FORM. WHEN I WENT TO SEE MY ACCOUNTANT SHE ASKED IF I HAD FILED THE FORM IT WAS THEN I REALIZED WE HAD NOT RECEIVED THE FORM. PLEASE ACCEPT THE UBR2002 AS FILED TIMELY AND THE PAYMENT OF \$150.00.

SINCERELY



MAGLIO J. MONTIEL  
PRESIDENT