

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90214 034 ***150.00

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DOCUMENT # P00000032888

1. Entity Name
SMV MANAGEMENT GROUP INC



Principal Place of Business
**4021 NW 60TH AVE.
VIRGINIA GARDENS FL 33166**

Mailing Address
**4021 NW 60TH AVE.
VIRGINIA GARDENS FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0993514

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VILLALOBOS, SANDRA M (Name Change)
4021 NW 60TH AVE.
VIRGINIA GARDENS FL 33166

Name **SANDRA M. V. SCARCELLO**

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S.M. Scarcello* (SANDRA M. V. SCARCELLO)

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

(NOTE: Registered Agent signature required when reinstating)

03/31/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VILLALOBOS, SANDRA M**
STREET ADDRESS **4021 N.W. 60TH AVENUE**
CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE **President** ☒ Change ☐ Addition
NAME **SANDRA M. V. SCARCELLO** Name
STREET ADDRESS **4021 N.W. 60th Ave**
CITY-ST-ZIP **Virginia Gdns, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Donald J. Scarcello II** ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **4100 Steamboat Bend E302**
CITY-ST-ZIP **Ft. Myers, FL 33919-4539**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S.M. Scarcello (SANDRA M. V. SCARCELLO) 03/31/03 305/871-8753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)