

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90020 003 \*\*\*150.00

**DOCUMENT # P00000053319**

1. Entity Name

**REAL SMART SYSTEMS WEB PRODUCTIONS, INC.**

Principal Place of Business

**19098 NE 4TH COURT  
 MIAMI FL 33179**

→ NO MORE

Mailing Address

**19098 NE 4TH COURT  
 MIAMI FL 33179**

→ NO MORE

2. Principal Place of Business

**11271 INTERCHANGE CIRCLE SOUTH**

Suite, Apt. #, etc.

3. Mailing Address

**11271 INTERCHANGE CIRCLE SOUTH**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1011902**

Applied For

Not Applicable

Zip

**33025**

Country

**UNITED STATES**

Zip

**33025**

Country

**UNITED STATES**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JAMES K. RUBIN, P.A.**

**1100 NE 163 STREET**

**SUITE 101**

**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **P** ☒ Delete  
 NAME **MARTINS, ANDRE L**  
 STREET ADDRESS **220 71ST STREET #218**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **V** ☒ Delete  
 NAME **SERPA, RICARDO**  
 STREET ADDRESS **220 71ST STREET #218**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **~~PRESIDENT~~** ☒ Delete  
 NAME **~~SERPA, RICARDO~~**  
 STREET ADDRESS **~~373 COCONUT CIRCLE~~**  
 CITY-ST-ZIP **~~WESTON, FL 33326~~**

TITLE **PRESIDENT** ☐ Delete  
 NAME **SERPA, RICARDO**  
 STREET ADDRESS **373 COCONUT CIRCLE**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02

Date

954-447-7234

Daytime Phone #

CR2E034 (9/01)