2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90052 001 ***150.00

DOCUMENT # P00000060716

1. Entity Name
SMOOK, INC.

Principal Place of Business	Mailing Address
~~C/O FRANK, EFFMAN, WEINBERG, BLACK P.A.~~	~~C/O FRANK, EFFMAN, WEINBERG, BLACK P.A.~~
~~7805 SW 6TH CT~~	~~7805 SW 6TH CT~~
~~PLANTATION FL 33324~~	~~PLANTATION FL 33324~~

Miami [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Smoothie King	Same
Suite, Apt. #, etc. 1525 Alton Rd	Suite, Apt. #, etc.
City & State Miami Beach FL	City & State
Zip 33139 Country	Zip Country

4. FEI Number 65-1010318 ☐ Applied For ☐ Not Applicable

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
~~WEINBERG, STEVEN A~~	Name Same
~~7805 SW 6TH CT~~	Street Address (P.O. Box Number is Not Acceptable)
~~PLANTATION FL 33324~~	
Smoothie King 1525 Alton Rd Miami Beach FL 33139	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] 2-26-01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~PST~~ President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILVERBERG, RICK	NAME	
STREET ADDRESS	~~7805 SW 6TH CT~~ 1525 Alton Rd	STREET ADDRESS	
CITY-ST-ZIP	~~PLANTATION FL 33324~~ Miami Beach FL 33139	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] President 1-17-01 305 538-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rick Silverberg