

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90086 024 \*\*\*150.00

**DOCUMENT # P00000064852**

**1. Entity Name**  
**SMF OF MARTIN COUNTY, INC.**

**Principal Place of Business**  
**603 NORTH INDIAN RIVER DRIVE**  
**SUITE 300**  
**FORT PIERCE FL 34950**

**Mailing Address**  
**603 NORTH INDIAN RIVER DRIVE**  
**SUITE 300**  
**FORT PIERCE FL 34950**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **65-1031115**

**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**

**CAPOTE, BEATRIZ M**  
**1101 BRICKELL AVENUE, 17TH FLOOR**  
**MIAMI FL 33131**

**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**  **3-7-02**  
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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PS** ☐ **Delete**  
**NAME** **MATAKAETIS, MICHAEL J**  
**STREET ADDRESS** **4551 E SPINNAKER POINT PLACE**  
**CITY-ST-ZIP** **STUART FL 34996**

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

**TITLE** **VP** ☐ **Delete**  
**NAME** **LASKARIS, SPIRO**  
**STREET ADDRESS** **1724 SE WASHINGTON STREET**  
**CITY-ST-ZIP** **STUART FL 34997**

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

**TITLE** **T.** ☐ **Delete**  
**NAME** **FOGAL, CHRISTOPHER E**  
**STREET ADDRESS** **102 NE CHARLESTON OAKS DRIVE**  
**CITY-ST-ZIP** **PORT SAINT LUCIE FL 34983**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**STREET ADDRESS**  
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**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:**  **CHRISTOPHER FOGAL** **2/2/02** **772-461-5511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)