

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90285 031 ***150.00

DOCUMENT # P00000067839
1. Entity Name
SMART COMPUTER SYSTEMS, INC.

Principal Place of Business **Mailing Address**
520 Brickell Key Dr, Suite 0-305 **520 Brickell Key Dr.**
Miami, Florida 33131 **Suite 0-305**
Miami, Florida 33131

2. Principal Place of Business **3. Mailing Address**
3900 NW 79 Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
566

City & State **City & State** **4. FEI Number** **Applied For**
Miami, Florida **65-1025851** **Not Applicable**
Zip **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional**
33166 **USA** **Zip** **Country** **Fee Required**

552870

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
MENEZES, SIDNEY **Name**
520 Brickell Key Drive **Street Address (P.O. Box Number is Not Acceptable)**
Suite 0-305
Miami, Florida 33131 **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 **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 Tax filing requirement and elects to do so. **After MAY 1, 2001 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
 (See criteria on back) ☐ **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D JARAMILLO, ANDRES 520 Brickell Key Dr., Suite 0-305 Miami, Florida 33131 <input checked="" type="checkbox"/> Delete	TITLE D/VP/S/T ARCINIEGAS, VIRGILIO 520 Brickell Key Dr. Suite 0-305 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: **VIRGILIO ARCINIEGAS** **APRIL 18, 2001** **(305) 374-3800**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)