FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91517 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069306

1. Entity Name
SME RACKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8053 NW 54 ST.
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip 33166 Country US ~~MIAMI-DADE~~

3. Mailing Address
P.O. BOX 558627
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip 33255 Country US MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051931
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: RAFAEL A. CASTRO, III, ESQ
Street Address (P.O. Box Number is Not Acceptable):
224 CATALONIA AVE.
City: CORAL GABLES FL Zip Code: 33134

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: Rafael Castro RAFAEL A. CASTRO III, ESQ 4/24/03
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

6. January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/S/T
NAME	RAFAEL A. CASTRO
STREET ADDRESS	8053 NW 54 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
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CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Castro 4/24/03 (305) 274-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAFAEL A. CASTRO