

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094246

1. Entity Name

SMB GROUP, INC.

Principal Place of Business

10264 SW 127TH COURT
MIAMI FL 33186

Mailing Address

10264 SW 127TH COURT
MIAMI FL 33186

2. Principal Place of Business

799 Brickell Plaza

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 03

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

Country

U.S.A.

Zip

Country

6. Name and Address of Current Registered Agent

CARDELLE, DORIS E
10264 SW 127TH COURT
MIAMI FL 33186

4. FEI Number

65-1048022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 date if applicable

(NOTE: Registered Agent's 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPER, BERNARDO	
STREET ADDRESS	BOGOTA COLOMBIA	
CITY-ST-ZIP	SOUTH AMERICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDOZA, LUIS ALBERTO	
STREET ADDRESS	BOGOTA COLOMBIA	
CITY-ST-ZIP	SOUTH AMERICA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTERO, MAURICIO	
STREET ADDRESS	BOGOTA COLOMBIA	
CITY-ST-ZIP	SOUTH AMERICA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mendoza, Alvaro	
STREET ADDRESS	101 Sunrise Drive #2	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bernardo Samper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(305)

530-9972

Daytime Phone #

CR2E034 (10/00)

U230057

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90129 005 ***150.00



DO NOT WRITE IN THIS SPACE