

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 029 ***150.00

DOCUMENT # **P00000094246**
1. Entity Name **SMB GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **10264 SW 127th Court**
Suite, Apt. #, etc.

3. Mailing Address **10264 SW 127th Court**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FL**

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4. FEI Number **651048022**

Applied For
Not Applicable

Zip **33186**

Country **USA**

Zip **33186**

Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ALVARO MENDOZA**

Street Address (P.O. Box Number is Not Acceptable)

10264 SW 127th Court

City **MIAMI**

FL

Zip Code **33186**

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 only if applicable.

(NOTE: Registered Agent signature required when reinstating)

ALVARO MENDOZA

4/23/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME **SAMPER, BERNARDO (D)**
STREET ADDRESS **BOGOTA, COLOMBIA**
CITY - ST - ZIP **SOUTH AMERICA**

TITLE
NAME **MENDOZA, LUIS ALBERTO (D)**
STREET ADDRESS **BOGOTA - COLOMBIA**
CITY - ST - ZIP **SOUTH AMERICA**

TITLE
NAME **BOFERO, MAURICIO (D)**
STREET ADDRESS **BOGOTA - COLOMBIA**
CITY - ST - ZIP **SOUTH AMERICA**

TITLE
NAME **ALVARO, MENDOZA (S)**
STREET ADDRESS **10264 SW 127th Court**
CITY - ST - ZIP **MIAMI, FL 33186**

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

305-2994617

Daytime Phone #

CR2E034B (12/01)