

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90120 026 ***150.00

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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

6720 N.W. 114 Ave

3. Mailing Address

6720 N.W. 114 Ave

Suite, Apt. #, etc.

826

Suite, Apt. #, etc.

826

City & State

miami FL

City & State

miami FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1048022

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDOZA, ALVARO
10264 SW 127TH COURT
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

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

6720 NW 114 Ave

#826

City

miami

FL

Zip Code

33178

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **SAMPER, BERNARDO**
STREET ADDRESS **BOGOTA COLOMBIA**
CITY-ST-ZIP **SOUTH AMERICA**

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

TITLE **D** ☒ Delete
NAME **BOTERO, MAURICIO**
STREET ADDRESS **BOGOTA COLOMBIA**
CITY-ST-ZIP **SOUTH AMERICA**

TITLE **S** ☐ Delete
NAME **MENDOZA, ALVARO**
STREET ADDRESS **101 SUNRISE DR #2**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6720 NW 114 Ave #826**
CITY-ST-ZIP **miami FL 33178**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro Mendoza

Date

3/5/03

Daytime Phone #

(305) 299-4617

CR2E034 (10/02)