FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 18 PH 3:40

| DOCUMENT # P00000114683 1. Entity Name A & G Smith and Company, Inc. | | | | TAELAHASSEE, FLORIDA | | |
|--|---|---|--|---|-----------------------------------|--|
| DO NOT WRITE IN THIS SPACE | | | | * | | |
| 2. Principal Place of Business 15195 NE 2 Avenue Suite, Apt. #, etc. | | 3. Mailing Address 155195 NE 2 Avenue Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| ◆ City & State ' Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65–1061915 | Applied For Not Applicable | |
| Zip 33162 | Country | Zip 33162 | Country USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| I No | | | | 7. Name and Address of Current Registered Agent | | |
| DO NOT WRITE | | | | Nubian Tax Consultants Street Address (P.O. Box Number is Not Acceptable) | | |
| | IN THIS SE | PACE | 16300 NE | 16300 NE 19 Avenue Suite 215 | | |
| | | | City N. Mia | y N. Miami Beach FL 33162 | | |
| 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 Muhaul & Laure Owner Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when a | | | | 9/6/2 pred when reinstating) DATE | | |
| Tax filling r | oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | After i Ame | 1 - May 1. Fee is \$150.00 May 1, Fee is \$550.00 nded UBR is \$61,25 ayable to Department of S | | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND | DIRECTORS | | | | |
| name Street address | Smith, Albert A. EETAODRESS 15195 NE 2 Avenue | | | 700009568 12/18/020101201 | :737 2 **150.00 | |
| STREET ADDRESS | SVD Smith, Gia D. 15195 NE 2 Aven Miami, FL 33162 | 1e | TITLE NAME STREET ADDRESS CITY ST : 20 | 120/19 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS DITY ST. 209 | DO NOT WR | ITE | |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | | _,, . | THEE NAME STREET ADDRESS CITY: ST-ZIP | IN THIS SPA | CE | |
| title Name Street address City-St-Zip | | | TITLE NAME STREET ADDRESS CITY-ST-JIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u>/</u> _/ | HILE NAME STREET ADDRESS CITY-ST-ZP | | | |

If the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the first and accourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director oppowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an I hereby certify that the information supplied windicated on this report or supplier in the corporation or the review or trustee attachment with an address with all other life.

SIGNATURE:

(305) 979-5649

11/7/01

CR2E0348 (12/01)

- Please Do Not Remove -

NUBIAN TAX CONSULTANTS

16300 NE 19 Avenue ~ Suite 215 ~ North Miami Beach, Florida 33162-4898 Phone: (305) 940-9002 ~ Fax: (305) 940-5490 ~ Email: Nubianforlife@msn.com Website: www.1040.com/nubiantax

September 6, 2002

Uniform Business Report Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform you the A & G Smith and Company, Inc. never received the 2002 Uniform Business Report. Unfortunately, the corporation no longer has the reported mailing address and apparently, we never received the report.

I have enclosed A & G Smith and Company, Inc. 2002 Uniform Business Report with the annual fee. Please note this to my document.

If you have any further question, feel free to call me at (305) 979-5649.

President