

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000445

1. Entity Name
SMART BUILDING SYSTEMS, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90345 041 ***158.75

Principal Place of Business
2050 N ANDREWS EXTENSION SUITE 101
POMPANO BEACH FL 33069

Mailing Address
2050 N ANDREWS EXTENSION SUITE 101
POMPANO BEACH FL 33069

658960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGUERA, ELIO
3432 SANDS HARBOR TRACE
POMPANO BEACH FL 33069

Name BURGUERA, ELIO
Street Address (P.O. Box Number is Not Acceptable)
2050 N. ANDREWS EXTENSION
SUITE 101
City POMPANO BEACH FL Zip Code 33069

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ELIO BURGUERA

5-17-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BURGUERA, ELIO
STREET ADDRESS 2050 N ANDREWS EXTENSION SUITE 101
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-17-2001 (954) 973-6868

CR2E034 (10/00)