## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P01000028288					Secretary of State	
1. Entity Name					05-21-2002 90881 027 ***150.00	
Cacer	es & Smith Inc.		$\checkmark$			
	DO NOT WRITE	IN THIS SI	PACE			v
						•
	Place of Business	3. Mailing Address	0011			
4086 Northwest 88th Ave		Suite, Apt. #, etc.		ave	DO NOT WRITE IN THIS SPA	ACE
Apartment 504 City & State		Apartment 504				
1 *	se, Florida	City & State Sunrise, Flo	orida		FEI Number 55-1086797	Applied For Not Applicable
Zip	Country	Zip	Country			3.75 Additional
33351	U.S.A.	33351	U.S.A.			e Required
			Name			gent
	RITE		Stephen F. Voigt Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			2414	Street Address (P.O. Box Number is Not Acceptable) 2414 Bee Ridge Road		
	* * * * * * * * * * * * * * * * * * *	~V =				
			City Saras	sota	FL	Zip Code 3 4 2 3 9
8. The above	named entity submits this statement for	the purpose of changing its i	registered office or re	gistered ag	ent, or both, in the State of Florida.	
CIONIATURE						l
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature n	required when re	instating) DATE	· · · · · · · · · · · · · · · · · · ·
9. This corpo	pration is eligible to satisfy its Intangible	In 4 84				
	and the suggestion to buttory to mitarigible		ny 1 Fee is \$150.0	0	40. Flooring Community in	
Tax filing re (See criter	equirement and elects to do so.	After May 1	I, Fee is \$550.00 UBR is \$61.25	ч	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing re (See criter	equirement and elects to do so.	After May 1 Amended Make Check Payabl	I, Fee is \$550.00 UBR is \$61.25	ч		
(See criter	equirement and elects to do so. ia on back) $\Box$ OFFICERS AND D  P/S/D	After May 1 Amended Make Check Payabl	I, Fee is \$550.00 UBR is \$61.25	ч		Added to Fees
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(See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	equirement and elects to do so. ia on back)  P/S/D  Rosa Maria Cacere 3003 Alleghany Dr Cedar Rapids, IA  VP/T/D  Donald J Smith 4086 Northwest 88	After May 1 Amended Make Check Payabl RECTORS  es de Smith rive Northeas 52402  3th Avenue #5	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ч		Added to Fees (10701) 878
(See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	equirement and elects to do so. ia on back)  OFFICERS AND D  P/S/D  Rosa Maria Cacere 3003 Alleghany Dr Cedar Rapids, IA  VP/T/D Donald J Smith	After May 1 Amended Make Check Payabl RECTORS  es de Smith rive Northeas 52402  3th Avenue #5	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ATHEET ADDRESS	ч		Added to Fees (10701) 878
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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 empowered.

SIGNATURE: Y

Address Jim Smith

Apr 29, 2002 1954-578-2145
Destrine Phone #