

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

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

05-21-2002 90881 027 ***150.00

DOCUMENT # P01000028288

1. Entity Name

Caceres & Smith Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4086 Northwest 88th Ave

3. Mailing Address

4086 Northwest 88th Ave

Suite, Apt. #, etc.

Apartment 504

Suite, Apt. #, etc.

Apartment 504

City & State

Sunrise, Florida

City & State

Sunrise, Florida

4. FEI Number

65-1086797

Applied For

Not Applicable

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephen F. Voigt

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

2414 Bee Ridge Road

City

Sarasota

FL

Zip Code
34239

**DO NOT WRITE
IN THIS SPACE**

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

**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	STREET ADDRESS	CITY-ST-ZIP
P/S/D	Rosa Maria Caceres de Smith	3003 Alleghany Drive Northeast	Cedar Rapids, IA 52402
VP/T/D	Donald J Smith	4086 Northwest 88th Avenue #504	Sunrise, FL 33351

**DO NOT WRITE
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)