

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032450

1. Entity Name

Smart Growth Solutions Group, Inc.

Principal Place of Business

Mailing Address: Same

1712 NE 16 Street
Ft. Lauderdale, FL 33304

2. Principal Place of Business

1712 NE 16 Street

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Ft. Lauderdale FL

Zip 33304

Country
Broward

AP

Country

4. FE Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Todd S. Payne, Esq.
Zebersky & Payne, LLP
4000 Hollywood Blvd.
Suite 400-N
Hollywood, FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See order a on back) ☐

STILL ELIGIBLE FOR FE \$150.00

After MAY 1, 2002 Fee will be \$250.00

After the 2002-2003 Filing Period Fee \$250.00

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Jacqueline Tuchler
STREET ADDRESS	1712 NE 16 Street
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Director
NAME	Maritza Bedoya
STREET ADDRESS	1712 NE 16 Street
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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****150.00 ****150.00

☐ Change ☐ Addition

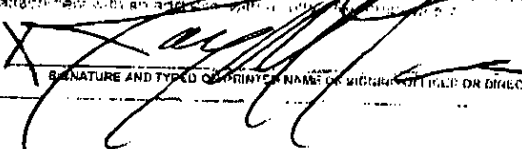
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.04(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report, is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee of the corporation, and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR