

02-03 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 01 000033019

1. Entity Name

SALES MANAGEMENT SOLUTIONS, INC.



FILED

03 MAR 21 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03 UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 N. FLAGLER DR.

3. Mailing Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

65-109-7204

Applied For

Not Applicable

Zip

33407

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZOUER RONALD J.

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

411 S. County RD, suite 200

City PALM BEACH, FL 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/03

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SAHAKIAN MICHAEL R
2600 N. FLAGLER DR, #204
WEST PALM BEACH, FL 33407

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SAHAKIAN

Date

3/15/03

Daytime Phone #

561-802-4282

3/21