

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90157 035 ***150.00

DOCUMENT # P01000036366

1. Entity Name
S & M WORLD INC.



Principal Place of Business

**5593 SW 8 ST
MIAMI FL 33134**

Mailing Address

**4930 SW 87 CT
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

5593 SW 8 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33134

U.S.

4. FEI Number

65-1090372

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

HARREAL, MARITZA

9310 SW 137 AVE APT 913

MIAMI FL 33188

Name

MARITZA VILLARREAL

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

6518 Kendale Lakes DR. # 807

City

Miami

FL

Zip Code

33183

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

(NOTE: Registered Agent signature required when reinstating)

2/11/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VILLARREAL, MARITZA**
STREET ADDRESS **9310 SW 137 AVE APT 913**
CITY-ST-ZIP **MIAMI FL 33188**

TITLE **P** ☒ Change ☐ Addition
NAME **MARITZA VILLARREAL**
STREET ADDRESS **6518 Kendale Lakes Dr. # 807**
CITY-ST-ZIP **Miami, FL 33183**

TITLE **VP** ☐ Delete
NAME **STONE, SASHA I**
STREET ADDRESS **14505 SW 43 TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

Daytime Phone #

CR2E034 (10/02)