

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90060 011 \*\*\*150.00

0182073 AV

**DOCUMENT # P01000040731**

1. Entity Name

**JOAN SMITH CAPITAL AND REAL ESTATE INVESTMENTS, INC.**

Principal Place of Business

**8020 HAMPTON BLVD STE 510  
N LAUDERDALE FL 33068**

Mailing Address

**8020 HAMPTON BLVD STE 510  
N LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

|   |         |                                |         |
|---|---------|--------------------------------|---------|
| 2. Principal Place of Business                            |         | 3. Mailing Address             |         |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.            |         |
| City & State  |         | City & State                   |         |
| Zip   | Country | Zip                            | Country |
| 4. FEI Number<br><b>65-1104926</b>                        |         | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required |         |

**6. Name and Address of Current Registered Agent****RODRIGUEZ-CLIFTON H C.P.A.  
3146 NW 68 ST  
FT LAUDERDALE FL 33309****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

**CLIFTON H. RODRIGUEZ, C.P.A.**  
*(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)***01/25/02**  
DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCEO<br/>SMITH, JOAN M<br/>8020 HAMPTON BLVD STE 510<br/>N LAUDERDALE FL 33068</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CST<br/>SMITH, JOAN M<br/>8020 HAMPTON BLVD STE 510<br/>N LAUDERDALE FL 33068</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \*

**SIGNATURE REQUIRED**  
*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01/25/02 (454)**  
Date

Daytime Phone #

CR2E034 (9/01)