

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90470 035 \*\*\*150.00

**DOCUMENT # P01000050027**

1. Entity Name  
**SM STUDIO, INC.**



Principal Place of Business  
**1400 SALZEDO STREET #TH2  
CORAL GABLES FL 33134  
US**

Mailing Address  
**1400 SALZEDO STREET #TH2  
CORAL GABLES FL 33134  
US**

11002310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3399968**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNARINI, GILLES MR.  
1400 SALZEDO STREET #TH2  
CORAL GABLES FL 33138**

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. 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)

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 **MANNARINI, GILLES MR.**  
STREET ADDRESS **1400 SALZEDO STREET #TH2**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **MANNARINI PETITPAS, SOPHIE MRS.**  
CITY-ST-ZIP **1400 SALZEDO STREET #TH2  
CORAL GABLES FL 33134**

TITLE **V** ☐ Delete  
NAME **MANNARINI PETITPAS, SOPHIE MRS.**  
STREET ADDRESS **1400 SALZEDO STREET #TH2**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **MANNARINI PETITPAS, SOPHIE MRS.**  
CITY-ST-ZIP **1400 SALZEDO STREET #TH2  
CORAL GABLES FL 33134**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: **MANNARINI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tag 24:03**

Date

**3056428100**

Daytime Phone #

CR2E034 (10/02)