

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90087 040 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # **P01000069327**

1. Entity Name

**SMF OF ST. LUCIE COUNTY, INC.**

Principal Place of Business

**603 NORTH INDIAN RIVER DRIVE SUITE 300**  
**FORT PIERCE FL 34950**

Mailing Address

**603 NORTH INDIAN RIVER DRIVE SUITE 300**  
**FORT PIERCE FL 34950**

23331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1127433

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

CAPOTE, BEATRIZ M

~~1101 BRICKELL AVENUE 17TH FLOOR~~  
**MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-02

 9. 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

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT**  
**MICHAEL J MATAKAETIS**  
**4551 NE SPINNAKER PLACE**  
**STUART FL 34996**
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE-PRESIDENT**  
**SPIRO LASKARIS**  
**5070 SCHOONER OAKS WAY**  
**STUART FL 34997**
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TREASURER**  
**CHRISTOPHER FOGAL**  
**102 NE CHARLESTON OAKS DRIVE**  
**PORT ST LUCIE FL 34983**
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

 TITLE  
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☐ Change ☐ Addition

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: *Christopher Fogal* **CHRISTOPHER FOGAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

772-461-5511

Daytime Phone

CR2034 (9/01)