

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 026 ***150.00

DOCUMENT # *901000072107*

1. Entity Name

*Elegant Creations by
Smartha Inc.*

DO NOT WRITE IN THIS SPACE

641625

2. Principal Place of Business

3. Mailing Address

2873 Strand Circle

2873 Strand Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo

City & State

Oviedo, FL

4. FEI Number

59-3731046

Applied For

Not Applicable

Zip

32765

Country

US

Zip

32765

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Smartha Blyn

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

2873 Strand Circle

City

Oviedo

FL

Zip Code

32765

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>
NAME	<i>Smartha Blyn</i>
STREET ADDRESS	<i>2873 Strand Circle</i>
CITY-ST-ZIP	<i>Oviedo, FL 32765</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Smartha Blyn President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (407) 285-6000

Date

Daytime Phone #

CR2E034B (12/01)