

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90058 021 ***150.00

DOCUMENT # **PO1000077081**

1. Entity Name

VIRNA SMITH CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

131 SW 117 Ave #208

3. Mailing Address

245 SE 1st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 311

DO NOT WRITE IN THIS SPACE

City & State

DORSET PINE FL

City & State

MIAMI, FL

4. FEI Number

65-1129641

Applied For

Not Applicable

Zip

33065

Country

Zip

33131

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN EALIAS

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

245 SE 1st St.

SUITE 311

City

MIAMI

FL

Zip Code

33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD VIRNA SMITH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D TEREZINHA DE MARIA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D MARINHO D SMITH

TITLE
NAME
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CITY-ST-ZIP

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**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: **Virna Maria Smith Soares Dutra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

Daytime Phone #

CR2E034B (12/01)