FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-08-2002 90089 031 ****70.00
P01000079243

FILED
02 SEP 11 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0136170

DOCUMENT # P01000079243

1. Entity Name
SM INTERIORS GROUP, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
719 ASBURY WAY	719 ASBURY WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33426 Country: USA	Zip: 33426 Country: USA

4. FEI Number: 65-11-36401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: STACY MINTZ

Street Address (P.O. Box Number is Not Acceptable):
20952 CERTOSA TERRACE

City: BOCA RATON FL Zip Code: 33433

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: Stacy Mintz Stacy Mintz 9/4/02
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	STACY MINTZ -PRESIDENT- 20952 CERTOSA TERRACE BOCA RATON FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GILMA GIOVANNA CANCINO -TREASURER 719 ASBURY WAY BOYNTON BEACH FL 33426
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9/11

CR2E034B (12/01)

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: Stacy Mintz 9/4/02 561-482-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #