

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

FILED

DOCUMENT # P01000082904

1. Entity Name

SMG # 2, INC.

02 NOV 15 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009014185
11/15/02--01012--026 **750.00

2. Principal Place of Business
12210 SW ARCHER RD.

3. Mailing Address
2330 SW 35TH PLACE

Suite, Apt. #, etc.
CHEVRON STATION

Suite, Apt. #, etc.
A-2

City & State
ARCHER, FL

City & State
GAINESVILLE, FL

Zip
32618

Country
USA

Zip
32608

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MUGHAL, KHALID

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

2330 SW 35TH PLACE - SUITE A-2

City GAINESVILLE

Zip Code
32608

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 fee, 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) ☐

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
D	MUGHAL, KHALID	2330 SW 35TH PLACE - A 2	GAINESVILLE FL 32608

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALID MUGHAL

11/01/02

954-520-0824

Daytime Phone

CR2E034B (12/01)

11/20