

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90036 028 ***150.00

DOCUMENT # P01000086843

1. Entity Name

SMOOTHY FACTORY, INC.

Principal Place of Business

**16051 SW S.DIXIE HWY
 MIAMI FL 33157**

Mailing Address

**16051 SW S.DIXIE HWY
 MIAMI FL 33157**

2. Principal Place of Business

16051 S. Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

16051 S. Dixie Hwy
 Suite, Apt. #, etc.

City & State

Miami, FL

Zip **33157**

Country

USA

City & State

Miami, FL

Zip **33157**

Country

USA

4. FEI Number

65-1139489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTERO, GUSTAVO

**16051 SW S.DIXIE HWY.,
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

Otero, Gustavo

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

16051 S. Dixie Hwy

City

Miami

FL

Zip Code

33157

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]

(NOTE: Registered Agent signature required when reinstating)

1-10-02

DATE

9. This corporation is required to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 **P** ☐ Delete
 NAME **OTERO, GUSTAVO**
 STREET ADDRESS **11028 SW 132ND PLACE, APARTMENT 4**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-02

305-386-3725

Daytime Phone #

CP2E034 (9/01)