

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 026 ***150.00

DOCUMENT # **P01000088789**

1. Entity Name **SMART CARD ASSOCIATES, INC**

DO NOT WRITE IN THIS SPACE

B0051375

2. Principal Place of Business
DELRAY BEACH

3. Mailing Address
15911 FORSYTHIA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH FLORIDA

City & State

4. FEI Number
65-020-7005

Applied For
Not Applicable

Zip
33484

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SPIEGAL & UTRERA.PA

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

1840 SOUTHWEST 22ND STREET MIAMI FL 33135

City

MIAMI

FL

Zip Code
33145

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
PRESIDENT
NORMAN MYERS
15911 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
ANNETTE M. MYERS
15911 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
ANNETTE M. MYERS
15911 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

TITLE
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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: **Norman Myers** **NORMAN MYERS PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14 2002

Date

561 495 2590

Daytime Phone #

CR2E034B (12/01)