

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90141 004 ***150.00

DOCUMENT # P01000110870

1. Entity Name
SMILEY FACES ACADEMY INC.



Principal Place of Business
14641 S.W. 41 STREET
MIRAMAR FL 33027

Mailing Address
14641 S.W. 41 STREET
MIRAMAR FL 33027

2. Principal Place of Business

11406 state Road 84

3. Mailing Address

11406 state Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State
Davie, Florida

Zip **33325** **Country** **Broward**

Zip **33325** **Country** **Broward**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3036421**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ-RAMIREZ, SUZANA
14641 S.W. 41 STREET
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ **P** ☐ Delete
NAME **GOMEZ-RAMIREZ, SUZANA**
STREET ADDRESS **14641 S.W. 41 STREET**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ **S** ☐ Delete
NAME **RAMIREZ, EDGAR S**
STREET ADDRESS **14641 S.W. 41 STREET**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ **VP** ☐ Delete
NAME **ORLAS, BLANCA**
STREET ADDRESS **14641 S.W. 41 STREET**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ **T** ☐ Delete
NAME **ORLAS, GABRIEL J**
STREET ADDRESS **14641 S.W. 41 STREET**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzana Gomez-Ramirez* **SUZANA Gomez-Ramirez** **1/13/03 (954) 474-7335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)