

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

**DOCUMENT # P01000117000**

1. Entity Name

**SMG # 3, INC.**

FILED

02 NOV 15 PM 5:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 02**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2001 REID ST.**

3. Mailing Address

**2330 SW 35TH PLACE**

Suite, Apt. #, etc.

**CHEVRON STATION**

Suite, Apt. #, etc.

**A-2**

City & State

**PALATKA, FL**

City & State

**GAINESVILLE, FL**

Zip -

**32177**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/01/02

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**8000009013998  
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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 609, Florida Statutes; and that my name appears in Block 11 or on an attachment with a address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02 954-520-0824

Date

Daytime Phone #

CR2E034B (12/01)

11/20