

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-25-2003 90263 006 ***158.75

DOCUMENT # P02000013743



1. Entity Name
THE ADSMITH, INC.

Principal Place of Business
**814 NW 20 AVENUE
MIAMI FL 33125**

Mailing Address
**814 NW 20 AVENUE
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0597154

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, SHAWN M
814 NW 20 AVENUE
MIAMI FL 33125**

Name **Smith, Carmen Mion**
Street Address (P.O. Box Number is Not Acceptable)
814 NW 20 AVENUE
City **Miami** FL Zip Code **33125**

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]

4/21/03

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
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, SHAWN M 814 NW 20 AVENUE MIAMI FL 33125 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Smith, Shawn M 814 NW 20 AVENUE MIAMI FL 33125 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Smith, Carmen Mion 814 NW 20 AVENUE MIAMI, FL 33125 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 registered agent 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

305-642-2379

Date

Daytime Phone #

CR2E034 (10/02)