


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 036 ***150.00

DOCUMENT # P02000026225	
1. Entity Name S.M.A.R.T. EDUCATIONAL SERVICES, INC.	

Principal Place of Business 6401 SW 87 AVE., SUITE 103 MIAMI, FL 33173	Mailing Address 6401 SW 87 AVE., SUITE 103 MIAMI, FL 33173
--	--

2. Principal Place of Business 6401 SW 87th Ave	3. Mailing Address 8475 SW 44 St
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33173	Zip 33155
Country USA	Country USA

07062004 Chg-P CR2E034 (10/03)



4. FEI Number 04-3618807	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RABELO, ROBERT 8475 SW 44 STREET MIAMI, FL 33155	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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  **Robert Rabelo** **Director** **7/6/04**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D RABELO, ROBERT 8475 SW 44 STREET MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7/6/04**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54061615

#P02000026225



SMART Educational Services, Inc.

6401 S.W. 87th Avenue, Suite #110

Miami, Florida 33173

(786) 385-7047 Cell (786) 263-0421 Office

(786) 263-0422 Fax

July 6, 2004

To Whom It May Concern:

Upon receiving your notice of intent to dissolve, I would like to inform you that we have not yet received the annual report form from your agency in order for us to properly prepare and submit it to your office along with the annual fee. **I am enclosing a copy of my occupational license that shows the proper address.** I would like to request that in the future all correspondence from your agency be forwarded to my home residence listed below to avoid this from happening again.

**8475 S.W. 44 Street
Miami, Florida 33155**

I have also enclosed a copy of my annual report that I down loaded from the internet along with a check for \$150.00. **I am certain that this will not happen again now that you have our correct mailing address.**

I'd like to thank you in advance for you understanding and cooperation with the processing of my company's annual report. If you should need to speak to me for what ever reason please contact me at (786) 385 - 7047.

Respectfully,

A handwritten signature in black ink, appearing to read 'Robert Rabelo', is written over a horizontal line.

Robert Rabelo
Director
SMART Educational Services, Inc

Attachment

PO200026225

5-4061615-

MIAMI-DADE COUNTY TAX COLLECTOR 140 W. FLAGLER ST. 14th FLOOR MIAMI, FL 33130	2003 OCCUPATIONAL LICENSE TAX MIAMI-DADE COUNTY - STATE OF FLORIDA EXPIRES SEPT. 30, 2004 MUST BE DISPLAYED AT PLACE OF BUSINESS PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10	2004
---	--	------

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

469707-5

THIS IS NOT A BILL-DO NOT RENEWAL

490491-9

BUSINESS NAME + LOCATION
S M A R T EDUCATIONAL SERVICES

LICENSE NO.

INC

6401 SW 87 AVE

110

33173 UNIN DADE COUNTY

OWNER
S M A R T EDUCATIONAL SVCS INC

Sec 2 Type of Business
212 CONSULTANT

THIS IS AN OCCUPATIONAL
TAX ONLY. IT DOES NOT
PERMIT THE LICENSEE TO
VIOLATE ANY EXISTING
REGULATORY OR ZONING
LAWS OF THE COUNTY OR
CITIES. NOR DOES IT
EXEMPT THE LICENSEE
FROM ANY OTHER LICENSE
OR PERMIT REQUIRED BY
LAW. THIS IS NOT A
CERTIFICATION OF THE
LICENSEE'S QUALIFICA-
TION.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX
COLLECTOR

08/13/2003
00310000173
000100.00

DO NOT FORWARD

S M A R T EDUCATIONAL SERVICES
INC

ROBERT RABELO PRES

8475 SW 44 ST

MIAMI FL 33155



SEE OTHER SIDE

Attachment

#0200002625

54061615



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0087679 01 AV 0.176 **AUTO T1 3 1203 33173-252028



S.M.A.R.T. EDUCATIONAL SERVICES, INC.
6401 SW 87 AVE., SUITE 103
MIAMI FL 33173-2520

110

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P02000026225

S.M.A.R.T. EDUCATIONAL SERVICES, INC.
6401 SW 87 AVE., SUITE 103
MIAMI FL 33173-2520

Mail Report to:

