

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 042 ***150.00

0238947 AV

DOCUMENT # P02000098639

1. Entity Name
SMJ TALENT, INC.



Principal Place of Business
~~900 7TH ST~~ **1416 SW 104th Ct**
~~UNIT 2~~ **Miami, FL 33174**
~~MIAMI BEACH FL 33139~~

Mailing Address
~~900 7TH ST~~ **1416 SW 104th Ct**
~~UNIT 2~~ **Miami, FL**
~~MIAMI BEACH FL 33139~~ **33174**

11041458



2. Principal Place of Business
1416 SW 104th Ct

3. Mailing Address
1416 SW 104th Ct

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami, FL

Zip
33174

Country
USA

Zip
33174

Country
USA

4. FEI Number
7F0904394

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MUELLER, STEVEN
~~900 7TH ST~~
~~UNIT 2~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name
Steven Mueller

Street Address (P.O. Box Number is Not Acceptable)
1416 S.W. 104th Ct

City
Miami

FL

Zip Code
33174

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 *Steven Mueller* **PRESIDENT** DATE **4-14-03**

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

| TITLE* | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--------|---------------------|-------------------------------|---------------------------------|---------------------------------|
| P | MUELLER, STEVEN | 900 7TH ST, UNIT 2 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| S,T | RODRIGUEZ, JEANETTE | 900 7TH ST, UNIT 2 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|------------------|-----------------|--|-----------------------------------|
| P | Mueller, Steven | 1416 SW 104th Ct | Miami, FL 33174 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| S,T | Rodriguez, Jeanette | 1416 SW 104th Ct | Miami, FL 33174 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 *Jeanette Rodriguez* DATE **4/14/03** DAYTIME PHONE # **305 975-0343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CFR2034 (10/02)