

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91788 016 ***150.00

DOCUMENT # P02000129101

1. Entity Name
SMART DESING, CORP.



Principal Place of Business
**1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323 US**

Mailing Address
**1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323 US**

2. Principal Place of Business

3. Mailing Address

16700 SOUTH POST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

☐ CHECK HERE IF MAKING CHANGES

City & State

WESTON, FL

4. FEI Number **92-0190374**

Applied For
Not Applicable

Zip

Country

33331

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAJEL, ALEJANDRO
1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323**

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's signature required when displaying)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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 **P** ☐ Delete
NAME **RAJEL, ALEJANDRO**
STREET ADDRESS **1580 SAWGRASS CORPORATE PARKWAY #130**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **D** ☐ Change ☒ Addition
NAME **BLEYCHER SANDOVAL, KAREN D.**
STREET ADDRESS **1580 SAWGRASS CORP. PKWY. #130**
CITY-ST-ZIP **SUNRISE, FL, 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: RAJEL, ALEJANDRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2003 954-394-0005

Date

Daytime Phone #

CR2E034 (10/02)