


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

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90002 046 ***150.00

DOCUMENT # <u>PO2000129687</u>	
1. Entity Name <u>S.M.T. Haberdashery</u>	

DO NOT WRITE IN THIS SPACE

54055346

2. Principal Place of Business <u>6333 MIRAMAR PKWY</u> Suite, Apt. #, etc.		3. Mailing Address <u>6333 MIRAMAR PARKWAY</u> Suite, Apt. #, etc.	
City & State <u>MIRAMAR, FL</u>	City & State <u>MIRAMAR FL</u>	4. FEL Number <u>743072302</u>	Applied For <input type="checkbox"/> No: Applicable
Zip <u>33023</u>	Country <u>U.S.A</u>	Zip <u>33023</u>	Country <u>U.S.A</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name <u>JOAN GORDON</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>5720 BLUEBERRY CT</u>	
		City <u>LAUDERHILL,</u>	FL

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 S. Gordon 5-17-04
Signature, typed or printed name of registered agent and title (acceptable) (NOTE: Registered Agent signature required when relinquishing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>DIRECTOR</u> <u>SASMINA MILLER</u> <u>5720 BLUEBERRY CT</u> <u>LAUDERHILL FL 33313</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>OWNER, DIRECTOR</u> <u>JOAN GORDON</u> <u>5720 BLUEBERRY CT. LAUD</u> <u>FL 33313</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Gordon JOAN GORDON 5-17-04 954-9628060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)