

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012327

1. Entity Name

S.M.P. INVESTMENTS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90144 007 ***150.00

Principal Place of Business

Mailing Address

930 EVE ST
DELRAY BEACH FL 33483
US

930 EVE ST
DELRAY BEACH FL 33483-4967
US

00086482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4 PINE AVE

4 PINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY LARGO, FL

Key Largo, FL

Zip

Country

Zip

Country

33037

USA

33037

USA

4. FEI Number

59-3163636

Applied For

Not Applicable

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

POE, STEVEN
930 EVE ST
DELRAY BEACH FL 33483

Name

- SAME -

Street Address (P.O. Box Number is Not Acceptable)

4 Pine Ave

City

Key Largo

State

FL

Zip Code

33037

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME POE, STEVEN M
STREET ADDRESS 930 EVE ST
CITY-ST-ZIP DELRAY BEACH FL

TITLE - SAME -
NAME - SAME -
STREET ADDRESS 4 Pine Ave
CITY-ST-ZIP Key Largo FL 33037

TITLE VPST
NAME POE, CHRISTINA N
STREET ADDRESS 930 EVE ST
CITY-ST-ZIP DELRAY BCH FL 33483

TITLE - SAME -
NAME - SAME -
STREET ADDRESS 4 Pine Ave
CITY-ST-ZIP Key Largo FL 33037

TITLE
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 April, 2000 305/522-3067
Date Daytime Phone #

CR2E034 (9/99)