

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90055 004 \*\*\*150.00

DOCUMENT # P94000012113

1. Entity Name

SMART BOCA, INC.

Principal Place of Business

Mailing Address

23123 STATE RD 7 23123 STATE RD 7  
BOCA RATON, FL 33428 BOCA RATON, FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0454484

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

~~Agent~~ Mangolis, John A.  
7884 W. Flagler St  
Miami, FL 33144

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.

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) ☐

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 NAME ARIEVES, ANA ☒ Delete  
STREET ADDRESS 7884 W Flagler St  
CITY-ST-ZIP Miami FL 33144

TITLE NAME BERMUDEZ Nancy ☐ Change ☒ Addition  
STREET ADDRESS 7884 W. FLAGLER ST  
CITY-ST-ZIP Miami, FL 33144

TITLE NAME Rius, Rafael ☐ Delete  
STREET ADDRESS 7884 W. Flagler St  
CITY-ST-ZIP Miami, FL 33144

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 reports 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:  Rafael Rius  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01  
Date

305-264-0170  
Daytime Phone #

CR2034 (11/00)