

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90238 006 ***150.00

0144744

DOCUMENT # P94000019734

1. Entity Name

SMART INVESTMENTS GROUP, INC.

Principal Place of Business

**5101 COLLINS AVE
MIAMI FL 33140**

Mailing Address

**7913 N.W. 2ND ST.
MIAMI FL 33126**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5101 Collins Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

Dade

4. FEI Number

65-0494353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERUELO, HOMERO
7913 N.W. 2ND ST.
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Homero Meruelo**

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

5101 Collins Ave

City **Miami Beach**

FL

Zip Code

33140

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, 2001 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

TITLE **P** ☐ Delete
NAME **MERUELO, HOMERO**
STREET ADDRESS **7913 N.W. 2ND ST.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **ST** ☐ Delete
NAME **MERUELO, BELINDA**
STREET ADDRESS **7913 N.W. 2ND ST.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5101 Collins Avenue**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5101 Collins Avenue**
CITY-ST-ZIP **Miami Beach, FL 33140**

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TITLE ☐ Change ☐ Addition
NAME
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 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

4/23/01
Date

Daytime Phone #

CR2E034 (10/00)