

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002754

1. Entity Name  
SMERALDO, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91173 026 \*\*\*158.75

Principal Place of Business

Mailing Address

401 BISCAYNE BLVD.  
S-210  
MIAMI FL 33132  
US

7741 SW 170TH ST.  
MIAMI FL 33157  
US

771475



DO NOT WRITE IN THIS SPACE

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 65-0548909

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

YEUNG, HOI SANG  
1957 71 STREET  
MIAMI BEACH FL 33141

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)



**FILE NOW!**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DONNO, LUCA	
STREET ADDRESS	7741 SW 170 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YEUNG, HOI SANG	
STREET ADDRESS	4104 AURORA ST -IRMG	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONNO, KAREN	
STREET ADDRESS	7741 SW 170 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Karen P. Donno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

Date

Daytime Phone #

4-30-01 305-252-1683

CR2E034 (10/00)