

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90480 045 \*\*\*150.00

**DOCUMENT # P95000052052**

**1. Entity Name**  
**SMARTECH INTERNATIONAL CORP.**



**Principal Place of Business**  
**245 SE 1ST STREET**  
**SUITE 323**  
**MIAMI FL 33131**

**Mailing Address**  
**245 SE 1ST STREET**  
**SUITE 323**  
**MIAMI FL 33131**



**2. Principal Place of Business**

**15315 N.W. 60TH AVE.**

**3. Mailing Address**

**15315 N.W. 60TH AVE.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**SUITE - B**

**SUITE - B**

**City & State**

**City & State**

**MIAMI LAKES - FLORIDA**

**MIAMI LAKES - FLORIDA**

**Zip**

**Country**

**Zip**

**Country**

**33014**

**USA**

**33014**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0592838**

**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**

**BRYANT, BERNARD H**  
**847 NW 119 STREET STE #205**  
**MIAMI FL 33168**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTS** ☐ Delete  
**NAME** **MARTINS CARNEIRO, LUCIANO A**  
**STREET ADDRESS** **245 SE 1ST STREET STE #321**  
**CITY-ST-ZIP** **MIAMI FL 33131**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PTS**  
**STREET ADDRESS** **MARTINS CARNEIRO, LUCIANO A.**  
**CITY-ST-ZIP** **15315 N.W. 60TH AVE SUITE-B**  
**MIAMI LAKES - FL 33014**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**SIGNATURE:**

**MARTINS CARNEIRO, LUCIANO A. M. Carneiro** **4/21/03** **(305) 231-5648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)