

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019804

1. Entity Name

SMO ENTERPRISES, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90463 033 ***150.00

0319779

Principal Place of Business

ROADWAY PACKAGE SYSTEM
3501 ELECTRONICS WAY
W. PALM BEACH FL 33409
US

Mailing Address

5668 PRISCILLA LANE
LAKE WORTH FL 33463
US

00000000

2. Principal Place of Business

FED EX GROUND

3. Mailing Address

~~1177 Blue Heron Blvd~~

Suite, Apt. #, etc.

1177 Blue Heron Blvd

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

City & State

Zip

33401

Country

U.S.

Country

4. FEI Number 65-0065862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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!!! 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SMOLEN, RICHARD K
5668 PRISCILLA LANE
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMOLEN, PAULA M.
5668 PRISCILLA LN.
LAKE WORTH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Richard K. Smolen

RICHARD K. SMOLEN

4/30/01

Date

561 964 9479

Daytime Phone #

CR2E034 (10/00)