

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050048

1. Entity Name

SMW CONSULTING, INC.

Principal Place of Business

18917 OAKLAND HILLS DRIVE
MIAMI FL 33015

Mailing Address

18917 OAKLAND HILLS DRIVE
MIAMI FL 33015-2253

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

65-0680861

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

Name

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

City

FL

Zip Code

WOODALL, SYLVIA M
18917 OAKLAND HILLS DRIVE
MIAMI FL 33015

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, 2000 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 NAME
DPS WOODALL, SYLVIA M
STREET ADDRESS
18917 OAKLAND HILLS DRIVE
CITY-ST-ZIP
MIAMI FL 33015

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
VPD DIAMOND, AMY
STREET ADDRESS
1331 SANTA BARBARA ST., #1
CITY-ST-ZIP
SANTA BARBARA CA 93101

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
125 East Pedregosa Street # 6
Santa Barbara, CA. 93101

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE 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

Sylvia M. Woodall
President

Date

1-8-00

Daytime Phone #

305-429-0434

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE