

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000070740**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**SMARTCLOSOUTS, INC**

Principal Place of Business  
**16 A**

Mailing Address  
**P.O.B. 631  
HOBOKEN, NJ 07030**

2. Principal Place of Business  
**1905 N. ATLANTIC BLVD  
Suite, Apt. #, etc.  
16 A**

3. Mailing Address  
**P.O.B. 631  
Suite, Apt. #, etc.**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**HOBOKEN, N.J.**

Zip  
**33305 3708**

Zip  
**07030**

Country  
**USA**

Country  
**USA**

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ALBERTS, THOMAS G ESQ  
777 ARTHUR GODFREY ROAD  
4TH FLOOR  
MIAMI BEACH, FLA 33140**

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 *[Handwritten signature]* DATE **3/18/00**

(NOTE: Registered Agent signature required when reinstating)

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		
TITLE	<input type="checkbox"/> Delete	
NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>JOHN P. NICOLETTI</b>	
CITY-ST-ZIP	<b>1905 N. ATLANTIC BLVD APT 16A FT. LAUDERDALE, FL 33305</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *[Handwritten signature]* DATE **3/18/99** DAYTIME PHONE # **954 610-4035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN P. NICOLETTI**

CR2E034 (9/99)