## FILED Mar 07, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P96000070740 DOCUMENT #



1. Entity Nam SMART C			000070	77 40				03-07-2003 9037 03-07-2003 9037	74 001 ***15	50.00
Principal Place 1901 N. ATLA 16A FORT LAUDER US 2. Principal P	INTIC BLVD. RDALE FL 333	05	P.O. BO HOBOK US	Mailing Address P.O. BOX 631 HOBOKEN NJ 07030 US  3. Mailing Address						
Suite, Apt.	#, etc.	/ <del></del>	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MA	KING CHANGES	S
City & Stat	e		City &	City & State			4.	4. FEI Number 65-0693592 Applied For Not Applicable		
Zip Country			Zip	,		itry	5.	. Certificate of Status Desired	\$8.75 Ac Fee Requir	dditional
6. Name and Address of Current Registered Agent						Name	- 7.	Name and Address of New Registe	red Agent	
ALBERTS, THOMAS G ESQ.						•				
777 ARTH				Street Addres	s (P.O.	Box Number is Not Acceptable)				
4TH FLOOR										
	ACH FL 331						FL Zip Code			
8. The above the obligat	named entity ions of registe	submits this stateme ered agent.	ent for the purpos	e of changing its	registere	ed office or regis	tered a	agent, or both, in the State of Florida.	am familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applica	ble. (NOTE	: Registere	d Agent signature requ	ired when	reinstating) D	ATE	
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 Trust Fund Contribution.		00 May Be ed to Fees
10.		OFFICERS.	AND DIRECTORS		11.		A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, JOHN P TH ATLANTIC BLV DERDALE FL 3330		☐ Delete					☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	-	To medical them up.		Delete	1		. 5. —4		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	artifu that the	information augustical	with this files -1-	Delete	CITY-	ET ADDRESS ST-ZIP	0	119 07/2Vi\ Florida Statutas I furbo	Change	☐ Addition

indicated on this report or suppliemental 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:**