

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90185 009 ***150.00

DOCUMENT # P96000073880

1. Entity Name

SMART ADMINISTRATION CONSULTING INC.

Principal Place of Business

Mailing Address

**4 S. PIKE CIR
 BELLEAIR FL 33756**

**4 S. PIKE CIR
 BELLEAIR FL 33756**

2. Principal Place of Business

3. Mailing Address

4 SOUTH PINE CIR

4 SOUTH PINE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEAIR

City & State

BELLEAIR

4. FEI Number

77-0257585

Applied For

Not Applicable

Zip

33756

Country

FLORIDA

Zip

33756

Country

FLORIDA

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

**PILLO, MOSHE
 1399 EASTFIELD DR
 CLEARWATER FL 34624**

Name

PILLO MOSHE

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

4 SOUTH PINE CIR

City

BELLEAIR

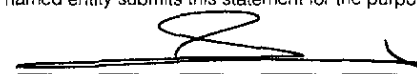
FL

Zip Code

33756

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)

4-10-00

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 Delete
 NAME **CEO**
 STREET ADDRESS **PILLO, MOSHE**
 CITY-ST-ZIP **4 S. PIKE CIR**
CLEARWATER FL 33756

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **PILLO, IRIT**
 CITY-ST-ZIP **4 S. PIKE CIR**
CLEARWATER FL 33756

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

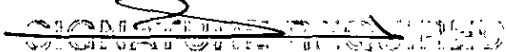
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 (727) 585 2709

Date

Daytime Phone #

CR2E034 (9/99)