

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000027644**

1. Entity Name

**SPECIAL MARKETS GROUP, INC.****FILED****May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90919 033 \*\*\*150.00

Principal Place of Business

Mailing Address

7755 S.W. 86TH STREET  
SUITE 207  
MIAMI FL 331437755 S.W. 86TH STREET  
SUITE 204  
MIAMI FL 33143-7207  
US

2. Principal Place of Business

3. Mailing Address

7755 S.W. 86th Street

7755 S.W. 86th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State  
Miami, FloridaCity & State  
Miami, FloridaZip  
33143Country  
USAZip  
33143Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754061

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

ABBOTT, PAUL  
7755 S.W. 86TH STREET  
SUITE 204  
MIAMI FL 33143

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, 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ABBOTT, PAUL	7755 S.W. 86TH STREET STE 204	MIAMI FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

April 26, 2000 305/271-4484

Date

Daytime Phone #

CR2F034 (9/99)