

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079717

1. Entity Name

SMOKESTOP, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90052 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1301 BRICKELL AVE~~  
~~SUITE 229~~  
~~MIAMI FL 33131~~  
 US

~~1301 BRICKELL AVE~~  
~~SUITE 229~~  
~~MIAMI FL 33131-3207~~  
 US

2. Principal Place of Business

1110 BRICKELL AVENUE

3. Mailing Address

1110 BRICKELL AVENUE

Suite, Apt. #, etc.

802

Suite, Apt. #, etc.

802

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0790330

Applied For

Not Applicable

Zip

33131

Country

DADE

Zip

33131

Country

DADE

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

MELLER, JULIUS  
 1688 MERIDAN AVE.  
 SUITE 1023  
 MIAMI BEACH FL 33139

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 P  Delete  
 NAME MELLER, JULIUS  
 STREET ADDRESS ~~1301~~ BRICKELL AVE., ~~STE 229~~ STE 802  
 CITY-ST-ZIP MIAMI FL 33131

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME MELLER, EDDA MAYOR  
 STREET ADDRESS ~~1301~~ BRICKELL AVE., ~~STE 229~~ STE 802  
 CITY-ST-ZIP MIAMI FL 33131

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julius Meller M.D.* 3/24/00

CR2E034 (9/99)