

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 026 ***150.00

DOCUMENT # **P97000098627**

1. Entity Name

SPECIAL MARKETING PROJECTS, COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7372 NW 12 Street

Suite, Apt. #, etc.

3. Mailing Address

7372 NW 12 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0811483

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TALIESON ADVISORY CORP.

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

10300 SUNSET DR. SUITE 435

City

MIAMI

FL

Zip Code

33173

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	180
NAME	ROA JULIAN
STREET ADDRESS	CALLE 121 #41-29
CITY-ST-ZIP	BOGOTA - COLOMBIA
TITLE	S
NAME	VILLEGAS LUIS FERNANDO
STREET ADDRESS	7372 NW 12 ST
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN ROA A.

April 10-2002 (305) 898 9600

Date

Daytime Phone #

CR2E034B (12/01)