

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90179 039 ***158.75

DOCUMENT # P98000015604

1. Entity Name
JAMES MERRICK SMITH, INC.



Principal Place of Business

Mailing Address

~~2740 SW 28TH TERR.~~

~~2740 SW 28TH TERR.~~

~~COCONUT GROVE FL 33133~~

~~COCONUT GROVE FL 33133~~

1110 BRICKELL AVENUE

1110 BRICKELL AVENUE

MIAMI, FL 33129

MIAMI, FL 33129

2. Principal Place of Business

3. Mailing Address

JAMES MERRICK SMITH, INC.

JAMES MERRICK SMITH, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1110 BRICKELL AVE. #601

1110 BRICKELL AVE. #601

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33129

33129

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEMOND, ST. JULIEN P
3654 BAYVIEW RD.
COCONUT GROVE FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES M	
STREET ADDRESS	2740 SW 28TH TERR.	1110 BRICKELL AVE
CITY-ST-ZIP	COCONUT GROVE FL 33133	MIAMI, FL 33129
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRCHFIELD, HAL	
STREET ADDRESS	2740 SW 28TH TERR.	1110 BRICKELL AVE
CITY-ST-ZIP	COCONUT GROVE FL 33133	MIAMI, FL 33129
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JAMES M. SMITH

1/12/03

Date

780 425 1125

Daytime Phone #

CR2E034 (10/02)