

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016064

1. Entity Name

M. SMITH, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90009 005 \*\*\*150.00

Principal Place of Business

4933 SW 32ND TERRACE  
FORT LAUDERDALE FL 33312

Mailing Address

4933 SW 32ND TERRACE  
FORT LAUDERDALE FL 33312-6989

2. Principal Place of Business

3. Mailing Address

3389 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PM B 245

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

4. FEI Number

65-0814684

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

SMITH, MARK  
212 THREE ISLANDS BLVD  
#205  
HALLANDALE FL 33009

Name

Smith, MARK

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

4933 SW 32nd Terrace

City

Fort Lauderdale

FL

Zip Code

33312

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

*Mark Smith* Mark Smith

4/27/00

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	<input type="checkbox"/> Delete
NAME	SMITH, MARK A	
STREET ADDRESS	4933 SW 32ND TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark Smith* MARK SMITH

4/27/00

(954) 966-8154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)