

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

FILED

04 JAN 16 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 98000032294

1. Entity Name

Smoke Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2000 Banks Rd.

Suite, Apt. #, etc.

201

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

Broward

Zip

Country

4. FEI Number

65-0863063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John Mucci

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

2000 BANKS ROAD

City

MARGATE

FL

Zip Code

33063

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

SIGNATURE

John Mucci

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/12/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT Joseph H. Merlino  
6335 NW 75 Way  
Parkland FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. RICHARD S. Seward  
4630 NW 11th Ave  
Coral Sp. FL 33067

TITLE  
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph H. Merlino 01/12/04

Date

Daytime Phone #

CR2E034B (12/02)