2003 FOR PROFIT CORPOR..TION UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 04, 2003 8:00 am
Secretary of State
07-21-2003 90395 031 ***150.00

JJUJJ14b

DOCUMENT # P98000032294

1. Entity Name
SMOKE, CORP.

Principal Place of Business	Mailing Address
6335 N.W. 75TH WAY	4630 N. UNIVERSITY DRIVE #444
PARKLAND FL 33067	CORAL SPRINGS FL 33067
US	US

[redacted]

2. Principal Place of Business	3. Mailing Address
	6335 N.W. 75 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. ~~Parkland~~
City & State	City & State Parkland Florida
Zip / Country	Zip 33067 Country Broward.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863063 ☐ 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
MUCCI, JOHN	Name
1039 N.E. 43RD COURT	Street Address (P.O. Box Number Is Not Acceptable)
OAKLAND PARK FL 33334	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 John Mucci [signature] 07-01-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	PMS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MERLINO, JOSEPH		NAME		
STREET ADDRESS	6335 N.W. 75 WAY		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAWARD, RICHARD A		NAME		
STREET ADDRESS	4630 N. UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 [signature] Joseph Merlino Pres 07-01-03 954 345 5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #

07/31/03 550531412 SMOKE CORP.
P98000032294 6335 N.W. 75TH WAY
PARKLAND, FL. 33067
REF. # P98000032294

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302

PLEASE BE ADVISED THAT I ONLY
RECEIVED ONE NOTICE THE LATTER
PART OF MAY. (THE SAME THING
HAPPENED LAST YEAR!) SINCE THE
I HAVE CHANGED ADDRESSES.
THANK-YOU FOR CONSIDERATION
REGARDING THIS MATTER.

JOSEPH C. MERLINO
PRESIDENT

PRESIDENT