## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🖔

## **FILED** DOCUMENT # P98000040221 Apr 13, 2000 8:00 am 1. Entity Name SMART WORLD, INC. Secretary of State 04-13-2000 90085 047 \*\*\*150.00 Principal Place of Business Mailing Address 3732 NW 16 ST. 3732 NW 16 ST. FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0863151 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. 3732 NW 16ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33311 8. The above named the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ! FILE NOW!!! FEE IS \$150.00 After MAY 1 2000 Fee will be \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME HURMADO-GOMEZ, JUAN A STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE 9th FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI, PL 33131 ☐ Delete Change ☐ Addition 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information surplied with his filing soes 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 autress. With all other like empowered.

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3120100

Daytime Phone #