

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000040717**1. Entity Name
SMART GALLOWAY, INC.**Principal Place of Business**

8672 SUNSET DR

MIAMI
33143

FL

Mailing Address

7884 W FLAGLER ST

MIAMI
33144

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0834341**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRIUS RAFAEL
7884 W FLAGLER STMIAMI
33144

FL

7. Name and Address of New Registered Agent

Name

BERMUDEZ NANCY PS

Street Address (P.O. Box Number is Not Acceptable)
7884 W FLAGLER STCity
MIAMI

FL

Zip Code
33144

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 **NANCY BERMUDEZ****05/01/2001**

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, 2001 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 ☐ Delete
NAME NIEVES ANA
STREET ADDRESS 7884 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144TITLE VT ☒ Change ☐ Addition
NAME RIUS RAFAEL
STREET ADDRESS 7884 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144TITLE OVP ☐ Delete
NAME RIUS RALPH
STREET ADDRESS 9990 SW 77TH AVE, STE 330
CITY-ST-ZIP MIAMI FL 331562699TITLE PS ☒ Change ☐ Addition
NAME BERMUDEZ NANCY
STREET ADDRESS 7884 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33144TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: NANCY BERMUDEZ

PS

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)