

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

FILED

DOCUMENT # P98000040717

1. Entity Name

Smart Galloway, Inc.

02 JUN -7 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8672 Sunset Dr

Suite, Apt. #, etc.

3. Mailing Address

7884 W. Flagler St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL.

City & State

Miami FL.

4. FEI Number

650834341

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33144

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Nancy Bermudez

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

7884 W. Flagler St.

City

Miami FL.

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.S.  
Nancy Bermudez  
7884 W. Flagler St.  
Miami, FL. 33144

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
NT  
Rafael Rius  
7884 W. Flagler St.  
Miami FL. 33144

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: Nancy Bermudez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

(305) 264-0170

Daytime Phone #

CR2E034B (12/01)