

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90059 037 \*\*\*150.00

**DOCUMENT # P98000063911**

1. Entity Name

**SMI SPECIALTY MERCHANDISE, INC.**

Principal Place of Business

16701 N.W. 72ND COURT  
HIALEAH FL 33015

Mailing Address

16701 N.W. 72ND COURT  
HIALEAH FL 33015

2. Principal Place of Business

**16388 NW 88 PL**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**Same**

City &amp; State

**MIAMI LAKES FL**

City &amp; State

Zip

Country

**33018****DADE**

Zip

Country

4. FEI Number

**65-0860187**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, DAGOBERTO**  
16701 N.W. 72ND COURT  
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name **Dagoberto Martinez**

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

**16388 NW 88 PL**

City

**MIAMI LKS**

FL

**33018**

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

**X Dagoberto Martinez**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/15/01**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

TITLE **PD** ☐ Delete  
NAME **MARTINEZ, DAGOBERTO**  
STREET ADDRESS **16701 N.W. 72ND COURT**  
CITY-ST-ZIP **HIALEAH FL 33015**TITLE **VP** ☐ Delete  
NAME **MARTINEZ, ANA L JAIME**  
STREET ADDRESS **16701 NW 72 CT**  
CITY-ST-ZIP **HIALEAH FL 33015**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **DAGOBERTO MARTINEZ**  
STREET ADDRESS **16388 NW 88 PL**  
CITY-ST-ZIP **MIAMI LKS FL 33018**TITLE **VP** ☒ Change ☐ Addition  
NAME **ANA L. JAIME MARTINEZ**  
STREET ADDRESS **16388 NW 88 PL**  
CITY-ST-ZIP **MIAMI LKS FL 33018**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/15/01**

Daytime Phone #

CR2E034 (10/00)