

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092189

1. Entity Name  
SMOOTH SAILING, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90009 041 \*\*\*158.75

Principal Place of Business

9360 SW 137TH AVE.  
STE 414  
MIAMI FL 33186

Mailing Address

9360 SW 137TH AVE.  
STE 414  
MIAMI FL 33186-1405

2. Principal Place of Business

14321 SW 88 ST.  
Suite, Apt. #, etc.  
APT # F408  
City & State  
MIAMI, FL.

3. Mailing Address

14321 SW 88 ST.  
Suite, Apt. #, etc.  
APT # F408  
City & State  
MIAMI, FL.



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL.  
Zip  
33186  
Country  
U.S.A.

City & State  
MIAMI, FL.  
Zip  
33186  
Country  
U.S.A.

4. FEI Number 65-0881961

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

PEREIRA, GISELA  
9360 SW 137TH AVE.  
S-#414  
MIAMI FL 33186

Name PEREIRA, GISELA

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

14321 SW 88 STREET  
APT # F408

City MIAMI

FL

Zip Code 33186

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 *Gisela Pereira*  
Signature, typed or printed name of registered agent and title if applicable.

GISELA L. PEREIRA

DATE 4/26/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P YATIN, PERLA 9360 SW 137TH AVE. - STE #414 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT YATIN, PERLA 14321 SW 88 ST. APT # F408 MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Perla Yatin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

(305) 292-7289

Daytime Phone #