

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014747

1. Entity Name

SMP FINANCIAL GROUP, INC.

FILED

Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90008 020 \*\*\*150.00

Principal Place of Business

3859 CORAL TREE CIRCLE,STE.201  
COCONUT CREEK FL 33073

Mailing Address

3859 CORAL TREE CIRCLE,STE.201  
COCONUT CREEK FL 33073

2. Principal Place of Business

3607 Coral Tree Circle

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip  
33073

Country  
USA

3. Mailing Address

3607 Coral Tree Circle

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip  
33073

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0904469

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

MAYNARD-PICO, AMELIA D  
3859 CORAL TREE CIRCLE,STE.201  
COCONUT CREEK FL 33073

Name

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

City

FL

Zip Code

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

*Amelia Maynard-Pico*

4/4/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
MAYNARD-PICO, AMELIA D  
3859 CORAL TREE CIRCLE,STE.201  
COCONUT CREEK FL 33073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
3607 Coral Tree Circle

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Amelia Maynard-Pico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01  
Date

954-984-0826  
Daytime Phone #

CR2E034 (10/00)