2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014747

Country

43A

6. Name and Address of Current Registered Agent

1. Entity Name

SMP FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Cococul

33073

Suite, Apt. #, etc.

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

2. Principal Place of Business

Suite, Apt. #, etc.

Cocourt Creek

City & State

33473

Zip

3607 Coral Tree Circle

MAYNARD-PICO, AMELIA D

3859 CORAL TREE CIRCLE, STE. 201

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

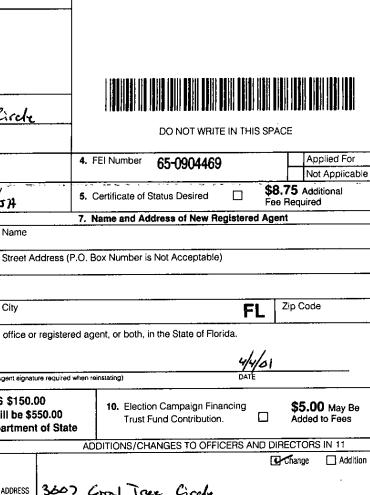
3607 Coral Tree Circle

454

Name

Apr 07, 2001 8:00 am Secretary of State

04-07-2001 90008 020 ***150.00



COCONUT CREEK FL 33073 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DPT ☐ Delete TITLE TITLE MAYNARD-PICO, AMELIA D NAME NAME 3607 Goral Tree Circle STREET ADDRESS STREET ADDRESS 3859 CORAL TREE CIRCLE, STE. 201 CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.