

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90336 011 ***158.75

DOCUMENT # P99000024178

1. Entity Name
PAY SMART AMERICA, INC.



Principal Place of Business
1500 W. CYPRESS CREEK RD., #407
FT. LAUDERDALE FL 33309

Mailing Address
1500 W. CYPRESS CREEK RD., #407
FT. LAUDERDALE FL 33309



2. Principal Place of Business
1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.

3. Mailing Address
1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL
Zip
33442

City & State
DEERFIELD BEACH, FL
Zip
33442

4. FEI Number
65-0903501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARKATIA, MOHAMMED A
1500 W. CYPRESS CREEK RD., #407
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name
MARKATIA MOHAMMED A
Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DR
City
DEERFIELD BEACH **FL** **Zip Code**
33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME MARKATIA, MOHAMMED A	
STREET ADDRESS 1500 W. CYPRESS CREEK RD., #407	
CITY-ST-ZIP FT. LAUDERDALE FL 33309	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARKATIA MOHAMMED A	
STREET ADDRESS 1215 W. NEWPORT CTR. DR	
CITY-ST-ZIP DEERFIELD BEACH, FL 33442	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1-20-03** **954-418-8620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)