## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000048700

FENANDO MUNOZ, LUIS

BOGOTA COLOMBIA,

TRANSVERSAL 19A #103-67 APT.102

Name:

Address: City-St-Zip:

Entity Name: SMART GAMES, INC.

FILED Mar 05, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 409 SUMMIT RIDGE PLACE, APT. 207 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 409 SUMMIT RIDGE PLACE, APT. 207 LONGWOOD, FL 32779 FEI Number: 65-0950375 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDO MUNOZ, LUIS FERNANDO MUNOZ, LUIS 409 SUMMIT RIDGE PLACE, APT. 207 11501 S.W. 105 TERRACE MIAMI, FL 33176 LONGWOOD, FL 32779 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: 03/05/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MUNOZ, MIGUEL ANGEL Name: Name: TRANSVERSAL 19A #103-67 APT.102 Address: Address: City-St-Zip: BOGOTA COLOMBIA, City-St-Zip: Title: Title: () Change () Addition () Delete Name: MANUEL MUNOZ, CARLOS Name: TRANSVERSAL 19A #103-67 APT.102 Address: Address: BOGOTA COLOMBIA, City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MIGUEL MUNOZ A. PD 03/05/2002