

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90070 043 ***150.00

DOCUMENT # P99000048700

1. Entity Name
SMART GAMES, INC.



Principal Place of Business
**409 SUMMIT RIDGE PLACE, APT. 207
LONGWOOD FL 32779**

Mailing Address
**409 SUMMIT RIDGE PLACE, APT. 207
LONGWOOD FL 32779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0950375**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**FERNANDO MUNOZ, LUIS
409 SUMMIT RIDGE PLACE, APT. 207
LONGWOOD FL 32779**

Name **MUNOZ, MIGUEL ANGEL**
Street Address (P.O. Box Number is Not Acceptable)
409 Summit Ridge Place, Suite 207
City **Longwood** FL Zip Code **32779**

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 **MIGUEL ANGEL MUNOZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 7th, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MUNOZ, MIGUEL ANGEL**
STREET ADDRESS **TRANSVERSAL 19A #103-67 APT.102**
CITY-ST-ZIP **BOGOTA COLOMBIA**

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

TITLE **VPD** ☒ Delete
NAME **MANUEL MUNOZ, CARLOS**
STREET ADDRESS **TRANSVERSAL 19A #103-67 APT.102**
CITY-ST-ZIP **BOGOTA COLOMBIA**

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

TITLE **SD** ☒ Delete
NAME **FENANDO MUNOZ, LUIS**
STREET ADDRESS **TRANSVERSAL 19A #103-67 APT.102**
CITY-ST-ZIP **BOGOTA COLOMBIA**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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** **MIGUEL ANGEL MUNOZ** **Jan. 7th, 2003** **(321) 3776577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)