2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P9900066882

Mailing Address

WESTON FL 33327

3. Mailing Address

Suite, Apt. #, etc.

1880 HIDDEN TRAIL LANE

1. Entity Name SMARTICO, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

1880 HIDDEN TRAIL LANE

WESTON FL 33327



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

02-12-2003 90087 003 ***150.00

UUUNIUAS

☐ CHECK HERE IF MAKING CHAI	NGES
. FEI Number 65-0936784	Applied For
00 000704	Not Applicable
	5 Additional equired
Name and Address of New Registered Agent	

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City & State		City & State			4. F	El Number 65-0936784	-		pplied For
7:+									ot Applicable
Zip	Country .	Zip	Coun	try	5. 0	Certificate of Status Desired		8.75 Ad	
		Pagistared Agent				long and Address of Nov. Doo		ee Require	∌d
To Italia and Address of Ourient negratered Agent				Name	- 7. 19	lame and Address of New Reg	stereu Aç	erit	
SPIEGEL	& UTRERA, P.A.								
343 ALMERIA AVENUE			s (P.O. Bo	ox Number is Not Acceptable)					
	ABLES FL 33134								
COINE	ADELO I E 00104								
, a 108	÷ :			City			FL	Zip Coc	ie
8. The above	named entity submits this statement for	the purpose of changing	its registere		tered and	ent or both in the State of Florid		niliar with	and accept
- H∖ie obligat	tions of registered agent.	and parpoos or origing	no regionere	a omeo or region	orou age	on both, in the state of horida	a. Taiii lai	miai witi,	and accept
7.									
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (N	IOTE: Registered	Agent signature requir	red when rei	nstating)	DATE	_	
	THE NOWIN FEE IS SAFE AS								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Finance	cing	\$5.0)0 May Be
	k Payable to Florida Department of	State			ŀ	Trust Fund Contribution.			d to Fees
10.	OFFICERS AND D		T 44			NTION (0) (1) (0) (0)			
TITLE	PSTD OFFICERS AND L		11.	'	ADL	DITIONS/CHANGES TO OFFICE			
NAME	CHERNACOV, MARTIN						L	Change	☐ Addition
STREET ADDRESS	1880 HIDDEN TRAIL LANE		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	WESTON FL 33327			ST-ZIP					
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NAME			NAME				_		
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			CITY-	ST-ZIP		·			
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NAME Street address			NAME	!					1
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NAME	-	Delete	, TITLE NAME				E] Change	☐ Addition
STREET ADDRESS				T ADDRESS					
- 1			= VLL						I

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 of the corporation or the receiver of trustice information 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 of trustice information indicated on 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #