2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE

AND

FILED DOCUMENT # **P99000068324** Mar 28, 2000 8:00 am **Secretary of State** THE SMART STORE CORPORATION 03-28-2000 90039 035 ***150.00 Principal Place of Business Mailing Address 1221 BRICKELL AVENUE 1221 BRICKELL AVENUE **SUITE 1660 SUITE 1660** MIAMI FL 33166-6425 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 7324 NW 46th St. 7324 BW 46th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0937975 MIAMI, Florida Florida Not Applicable MIAMI, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33166-6425 U.S.A. U.S.A. Fee Required 33166-6425 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHCOLNIK, JORGE L Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE **SUITE 1660 MIAMI FL 33131** Zip Code FL 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE SPADONE, CARLOS P NAME NAME STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVENUE SUITE 1660 7324 NW 46th St. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MIAMI, Fl. 33166 Change Addition De'ete TITLE TITLE NAME SCHCOLNIK, JORGE L NAME 7324 NW 46th St. STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVENUE SUITE 1660 CITY-ST-ZIP MIAMI, Fl. 33166 CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eport in 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 duston employered 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 witty an address, with all other like empowered.

Torge ID Schoolnik 03-24-00

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 591-4450