2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Jul 19, 2000 8:00 am
Secretary of State

02-24-2000 90002 010 ***150.00

DOCUMENT # P99000072512

1. Entity Name

SMRT DEVELOPERS, INC.

Principal Place of Business	Mailing Address
C/O P.O. BOX 5082 FT. LAUDERDALE FL 33310	C/O P.O. BOX 5082 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0959977 ☐ Applied For ☐ Not Applicable

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
ARIE MREJEN, P.A. 701 W. CYPRESS CREEK RD., STE. 302 FORT LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KADOCH, DAVID STREET ADDRESS C/O P.O. BOX 5082 CITY-ST-ZIP FT. LAUDERDALE FL 33310	☒ Delete	TITLE President NAME Monique Ben Saadon STREET ADDRESS C/O P.O. Box 5082 CITY-ST-ZIP Ft. Lauderdale, FL 33310	☐ Change ☒ Addition
TITLE D NAME SADON, SIMON BEN STREET ADDRESS C/O P.O. BOX 5082 CITY-ST-ZIP FT. LAUDERDALE FL 33310	☒ Delete	TITLE Secretary NAME Sheila Kadoch STREET ADDRESS C/O P.O. Box 5082 CITY-ST-ZIP Ft. Lauderdale, FL 33310	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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

SIGNATURE: ______________ 2/2/00 (954)476-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #