

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093652

1. Entity Name

SMARTER LIVING PRODUCTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 024 ***150.00

Principal Place of Business

Mailing Address

22783 SOUTH STATE ROAD 7
SUITE 53
BOCA RATON FL 33428

22783 SOUTH STATE ROAD 7
SUITE 53
BOCA RATON FL 33428-5427

2. Principal Place of Business

22783 SOUTH STATE ROAD 7

3. Mailing Address

22783 SOUTH STATE ROAD 7

State, Apt. #, etc.

#103

State, Apt. #, etc.

#103

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0973519

Applied For

Not Applicable

Zip
33428-5427

Country
USA

Zip
33428-5427

Country
USA

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

GILL, WAYNE ESQ.
2001 WEST SAMPLE ROAD
SUITE 300
POMPANO BEACH FL 33064

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 PD
NAME LEVINE, JACK
STREET ADDRESS 22783 SOUTH STATE ROAD 7 #53
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

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

TITLE TD
NAME ALFIERI, MARK
STREET ADDRESS 22783 SOUTH STATE ROAD 7 #53
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

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

TITLE PD
NAME STALL, BRIAN
STREET ADDRESS 22783 SOUTH STATE ROAD 7 #53
CITY-ST-ZIP BOCA RATON FL 33428 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK LEVINE

Date

Daytime Phone #

1/15/00

581-488-3310

CR2E034 (9/99)