## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000093916 May 18, 2000 8:00 am Secretary of State 1. Entity Name SMP LEASE ADVISORY GROUP, INC. 05-18-2000 90373 021 \*\*\*150.00 Principal Place of Business Mailing Address 431 NW 108 AVE 431 NW 108 AVE PLANTATION FL 33324 PLANTATION FL 33324-1546 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable (05) Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIELDS, MINDY Street Address (P.O. Box Number is Not Acceptable) 431 NW 108 AVE PLANTATION FL 33324 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 Florida. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE PEARCE, PAMELA NAME NAME STREET ADDRESS 1130 SUSSEX DR #1519 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Change Addition ☐ Delete TITLE TITLE MURRAY, SHARISSE NAME NAME STREET ADDRESS STREET ADDRESS 14193 82 STREET N CITY-ST-ZIP CITY-ST-7IP LOXAHATCHEE FL 33470 Change Addition Delete TITLE TITLE -FIELDS, MINDY NAME STREET ADDRESS 431 NW 108 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: Pomb Company Papera D. PEARCE 4/30/00 954-724-8982