

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101045

1. Entity Name

TALK SMART, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90094 048 ***150.00

Principal Place of Business

5821 N.W. 79TH WAY
 PARKLAND FL 33067

Mailing Address

5821 N.W. 79TH WAY
 PARKLAND FL 33067

2. Principal Place of Business

3910 NW 4th Ct.

3. Mailing Address

3910 NW 4th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0963144

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

33066

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

PICCININNI, CHERYL M
 5821 N.W. 79TH WAY
 PARKLAND FL 33067

Name

Cheryl M. Piccininni

Street Address (P.O. Box Number is Not Acceptable)

3910 NW 4th Ct.

City

Coconut Creek

FL

Zip Code

33066

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

Cheryl M. Piccininni

Cheryl M. Piccininni

4/26/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	PICCININNI, CHERYL M	
STREET ADDRESS	5821 NW 79 WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	PICCININNI, ALFRED S	
STREET ADDRESS	5821 NW 79 WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

Cheryl Piccininni

Cheryl Piccininni

4/26/01 504-251-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)