

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 06, 2000 8:00 am
Secretary of State

06-08-2000 90004 022 ***150.00

DOCUMENT # P99060110065

1. Entity Name

SMF of Palm Beach, Inc

Principal Place of Business

Mailing Address

803 DONALD ROSS Rd.
 JUNO BEACH, FL 33408

SAME

2. Principal Place of Business

3. Mailing Address

803 DONALD ROSS Rd.
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

JUNO BEACH, FL

Zip
 33408

Country
 PALM BEACH

Zip

Country

4. FEI Number

Applied For

65-0973797

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 BEATRIZ M. CAPOTE

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

1101 BRICKELL AVENUE, 17TH FLOOR

City
 MIAMI

FL

Zip Code
 33131

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

[Handwritten Signature]

6-28-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	MICHAEL J. MATAKATIS	4551 SPINNAKER POINT PLACE	STUART FL 34996		
VICE PRESIDENT	SPIRO LASKARIS	1724 SE WASHINGTON ST.	STUART FL 34997		
SECRETARY	CHRISTOPHER FOGAL	603 NO. INDIAN RIVER DR.	FORT PIERCE, FL 34950		

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:

[Handwritten Signature]

SPIRO LASKARIS 5-23-00

561-630-5047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)