

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90885 020 ***150.00

0225552
 AV

DOCUMENT # S60430

1. Entity Name

S. M. G. T. CORP.

Principal Place of Business

**4014 CHASE AVE
 #214
 MIAMI BEACH FL 33140
 US**

Mailing Address

**2945 FLAMINGO DR
 MIAMI BEACH FL 33140
 US**



2. Principal Place of Business

2945 FLAMINGO DR.

3. Mailing Address

Suite, Apt. #, etc.

MIAMI Beach, FL.

City & State

City & State

33140 USA.

Zip

Country

Zip

Country

4. FEI Number

65-0273933

Applied For

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

**GENET, S. MICHAEL
 3758 PRAIRIE AVE
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

2945 FLAMINGO DR.

City

MIAMI Beach,

FL

Zip Code

33140

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **GENET, MICHAEL**
 STREET ADDRESS **2945 FLAMINGO AVE**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **VST** ☐ Delete
 NAME **GENET, CHAVA**
 STREET ADDRESS **2945 FLAMINGO DR**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAVA GENET

MICHAEL GENET

Date

4/25/02

Daytime Phone #

305-672-1122

CR2E034 (9/01)