

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0241723 AV

DOCUMENT # S60430

1. Entity Name  
S. M. G. T. CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 27 PM 2:19

Principal Place of Business  
2945 FLAMINGO DR  
MIAMI BEACH FL 33140  
US

Mailing Address  
2945 FLAMINGO DR  
MIAMI BEACH FL 33140  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0273933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GENET, S. MICHAEL  
2945 FLAMINGO DRIVE  
MIAMI BEACH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600021518546  
CITY-ST-ZIP 07/14/03--01061--006 \*\*150.00

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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

12. 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, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03

305-672-1122

CR2E034 (10/02)

6/20/03


Fl. Dep't of State  
P.O. Box 6327  
Tallahassee, Fl. 32314

Gentlemen,

My Bookkeeper today Returned from almost 3 months of Chemotherapy Due to Cancer - She found these 4 Corporate reports somewhere on Her desk & advised Me of the Late Status. Would you Please accept the payment enclosed of \$150. for each report as payment timely, in full?

Thank You Very Much.

SMGT CORP # 65-0273923  
ALLI HOLIDAY CORP # 65-0058112  
SOL B. CORP # 65-0570866  
CHECK-OUT-CORP # 65-010846

  
Michael Grant as agent  
or president of the  
respective Corps.