

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 038 ***550.00

DOCUMENT # V58420

1. Entity Name

GET SMART NO. 36, INC.

Principal Place of Business

11751 S. DIXIE HWY.
 MIAMI FL 33156

Mailing Address

GET SMART 36 INC
 PO BOX 581987
 MIAMI FL 33256-987
 US

2. Principal Place of Business

3. Mailing Address

PO box 56-1987
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami FL

4. FEI Number

65-0521542

Applied For

Not Applicable

Zip

Country

Zip

Country

33256-1987

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNSTEIN, CAROLE
43724 SW 84TH ST.
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name Carole Bernstein
 Street Address (P.O. Box Number is Not Acceptable)
8694 SW 137 Ct
 City Miami **FL** Zip Code 33183

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 Carole Bernstein, President Carole Bernstein 7/7/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD BERNSTEIN, CAROLE		NAME	
STREET ADDRESS 43724 SW 84TH ST. <u>8694 SW 137 Ct</u>		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Carole Bernstein Carole Bernstein President 7/7/00 (305) 378-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #