

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P39622**

1. Entity Name

OPERATION SMILE, INC.

Principal Place of Business

**6435 TIDEWATER DR
NORFOLK VA 23509**

Mailing Address

**6435 TIDEWATER DR
NORFOLK VA 23509-1600**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1460147

Applied For

Not Applied

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**

Name

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

City

FL

Zip Code

**CATENA, LAURIE
5310 FAYWOOD CT.
ORLANDO FL 32819**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CD	MAGEE, WILLIAM P., JR.	1029 N. SHORE RD.	NORFOLK VA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	REIDY, FRANK H.	515 WILDER POINT	VIRGINIA BCH VA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CHENG, RICHARD	596 LYNNHAVEN PARKWAY	VIRGINIA BEACH VA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	WREN, WILLIAM C.	201 STEVENS COURT	BURNSVILLE MN	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	VENTKER, DAVID	4705 COLUMBUS ST. #100	VIRGINIA BEACH VA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH L. MATTHEWS

Date

1/19/00

Daytime Phone #

757-321-3213**FILED**
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90003 048 ****61.25



DO NOT WRITE IN THIS SPACE