

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001383

1. Entity Name  
SMIT FAMILY HOLDINGS, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~3217 RIVIERA DRIVE~~  
CORAL GABLES FL 33134

Mailing Address  
~~3217 RIVIERA DRIVE~~  
CORAL GABLES FL 33134

2. Principal Place of Business  
219 RIDGEWOOD ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
219 RIDGEWOOD ROAD  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
CORAL GABLES, FL  
Zip 33133- Country USA

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CORAL GABLES, FL  
Zip 33133- Country USA

4. FEI Number 74-3087686  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMIT, PETER  
~~3217 RIVIERA DRIVE~~  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
219 RIDGEWOOD ROAD  
City CORAL GABLES FL Zip Code 33133

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.

DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. \$141.25

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000027327  
NAME SMIT FAMILY MANAGEMENT, LLC  
STREET ADDRESS 3217 RIVIERA DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS 219 RIDGEWOOD ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33133

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STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.24.03  
Date

3058582081  
Daytime Phone #

CR2E003 (10/02)

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