

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011560 AT

**DOCUMENT # A21139**

1. Entity Name  
SM 106, LTD.

**FILED**  
02 APR 29 PM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4300 NORTH UNIVERSITY DR  
SUITE D-103  
LAUDERHILL FL 33351

Mailing Address  
4300 NORTH UNIVERSITY DR  
SUITE D-103  
LAUDERHILL FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2653218**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M  
C/O SM CORP.  
4300 NORTH UNIVERSITY DR STE A106  
LAUDERHILL FL 33309

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **G99378**  
NAME **SM CORPORATION**  
STREET ADDRESS **4300 N. UNIVERSITY DR.**  
CITY-ST-ZIP **LAUDERHILL FL 33351**

STREET ADDRESS

CITY-ST-ZIP

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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:** *William M. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/02 (954) 746 2007  
Date Daytime Phone #

CR2E003 (9/01)