

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31023**

1. Entity Name

HFE, LTD.

Principal Place of Business
**1475 W. CYPRESS CREEK RD.
SUITE 204
FT LAUDERDALE FL 33309**

Mailing Address
**1475 W. CYPRESS CREEK RD.
SUITE 204
FT LAUDERDALE FL 33309**

APPROVED
AND
FILED

02 APR -8 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
65-0239410

Applied For
Not Applicable

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

**THIRER, MARTIN
1475 W. CYPRESS CREEK RD.
SUITE 204
FT LAUDERDALE FL 33309**

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

DATE

9. Capital Contributions
as Shown on record. **\$2,500.00**

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 # **K61558**
NAME **SMG MANAGEMENT COMPANY**
STREET ADDRESS **1475 W. CYPRESS CREEK RD. SUITE 204**
CITY-ST-ZIP **FT. LAUDERDALE FL**

STREET ADDRESS
CITY-ST-ZIP

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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.

STEPHEN M GOLDING

SIGNATURE: **PRESIDENT OF SMG MANAGEMENT CO. 2-14-02 954 772-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0002761 AV

CR2E003 (9/01)

START CHECK HERE