

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001502

1. Entity Name

SMITHCO PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

Mailing Address

~~PROGRAM UNDERWRITERS, INC.~~
3700 COCONUT CREEK PKWY.
COCONUT CREEK FL 33066-1616

~~PROGRAM UNDERWRITERS, INC.~~
3700 COCONUT CREEK PKWY.
COCONUT CREEK FL 33066-1616



2. Principal Place of Business

3. Mailing Address

3651 N. FEDERAL HWY
Suite, Apt. #, etc.

8424 SHADOW COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL.

City & State
CORAL SPRINGS FL.

4. FEI Number 65-0690809

Applied For
Not Applicable

Zip Country
33306 U.S.A.

Zip Country
33071 U.S.A.

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

BUTO, LAWRENCE J II
2651 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

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 # P96000039214
NAME SMITHCO LOUNGE, INC.
STREET ADDRESS 2651 N. FEDERAL HIGHWAY
CITY - ST - ZIP FT. LAUDERDALE FL 33306

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

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00

Date

(954) 345-2550

Daytime Phone #

CR2E003 (3/99)