

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000782**

1. Entity Name

**SMCHA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

333 41ST STREET, SUITE 900  
MIAMI BEACH FL 33140

Mailing Address

333 41ST STREET, SUITE 900  
MIAMI BEACH FL 33140



2. Principal Place of Business

3511 West Commercial Blvd

3. Mailing Address

3511 West Commercial Blvd

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0753560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DARDASHTI, DAVID**

333 41ST STREET, SUITE 900  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

David Dardashti

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

3511 West Commercial Blvd

Suite 307

City

Fort Lauderdale

FL

Zip Code

33309

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

9/11/00

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

DOCUMENT # **P97000027018**  
NAME **SMCHA CORP.**  
STREET ADDRESS **333 41ST STREET, SUITE 900**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003409101--6  
-09/29/00--01017--008  
\*\*\*550.00 \*\*\*550.00

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

9/11/00

Date

Daytime Phone #

CR2E003 (5/00)