

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002801**

1. Entity Name  
**S & H VENTURES, LTD.**

**FILED**

Principal Place of Business  
**1336 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309**

Mailing Address  
**1336 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309**

**01 AUG 21 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**710 S. MILITARY TRAIL**

3. Mailing Address

**710 S. MILITARY TRAIL**

Suite, Apt. #, etc.

**BLDG 3**

Suite, Apt. #, etc.

**BLDG 3**

City & State

**DEERFIELD BEACH FL**

City & State

**DEERFIELD BEACH, FL**

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **65-0802750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S ESQUIRE  
2101 WEST COMMERCIAL BOULEVARD  
SUITE 4100  
FORT LAUDERDALE 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

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.

**\$1,000.00**

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 # **P97000104643**  
NAME **S & H VENTURES, INC.**  
STREET ADDRESS **1336 NORTH MCNAB ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**710 S. MILITARY TRAIL, BLDG 3**

CITY-ST-ZIP

**DEERFIELD BEACH, FL 33442**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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**

**DAVID HARARI**

**08/16/01**

**954-977-8177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Telephone

CR2E003 (5/01)

0001076-A1

STAPLE CHECK HERE