

# 2001 UNIFORM BUSINESS REPORT (UBR)

## REINSTATEMENT 2001

DOCUMENT # L000000 10788

1. Entity Name

SSM HOLDINGS, L.C.

FILED

01 NOV 15 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

378 Centerpointe Cir.

3. Mailing Address

P.O. Box 953066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1272

City & State

City & State

Altamonte springs, FL.

Lake Mary, FL.

Zip

Country

Zip

Country

32701

32795

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Vandewater, Glenn Esq.  
378 Centerpointe Cir., Ste. 1272  
Altamonte springs, FL. 32701

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

Glenn T. Vandewater

(NOTE: Registered Agent signature required when reinstating)

11/8/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004702433--3

-12/03/01--01058--020

\*\*\*\*155.00 \*\*\*\*155.00

9. MANAGING MEMBERS/MEMBERS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

10.

ADDITIONS/CHANGES

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARM

Majzoub, Samer S.

P.O. Box 953066

Lake Mary, FL 32795

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

Oct. 22-01 (407) 493-3500

Date

Daytime Phone #

CR2E083 (11/00)