

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002503

1. Entity Name

SMS FINANCIAL SERVICES, L.L.C.

Principal Place of Business

5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143

Mailing Address

5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0873422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOCA, MARIO E  
5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~MGRM  
KLEIN, STEVE  
5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143~~

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
TOCA, MARIO E  
5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
GLUCKSTERN, STEVE  
5725 SW 77 TERRACE  
SOUTH MIAMI FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Mario E. Toca* **SIGNATURE REQUIRED E. TOCA**

01/22/01

305-663-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JAN 25 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)