

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000025

1. Entity Name

SMR ADVISORY GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business

5440 N.W. 33RD AVENUE

SUITE 106

FT. LAUDERDALE FL 33309

Mailing Address

5440 N.W. 33RD AVENUE

SUITE 106

FT. LAUDERDALE FL 33309

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

65-0474886

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

THE LAW PRACTICE OF J.B. GROSSMAN, P.A.

2300 E. LAS OLAS BLVD

4TH FLOOR

FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

J.B. Grossman

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

700 S. Federal Hwy # 200

City

Boca Raton

FL

Zip Code

33432

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/MANAGERS

TITLE NAME MMBR ☐ Delete
Koenigsberg, Albert
STREET ADDRESS 5440 N.W. 33RD AVENUE, SUITE 106
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

22 Aug 2000

9547775040

CR2E083 (5/00)