

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001152

1. Entity Name
SMART CRUISER LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24

Principal Place of Business
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33462

Mailing Address
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33436-8612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924084

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLINSKI, LEE A
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33462

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

m/2/24/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MEM
SMOLINSKI FAMILY PARTNERSHIP, L.P.
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MEM
HOLTZ FAMILY PARTNERS, L.P.
111 WEST 67TH STREET #36-B
NEW YORK NY 10023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
SMOLINSKI, LEE A
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33462

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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
HOLTZ, MICHAEL
111 WEST 67TH STREET #36-B
NEW YORK NY 10023

☐ Delete

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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 #

1-2500

CR2E083 (9/99)