

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001152

1. Entity Name
SMART CRUISER LLC

FILED

01 JAN 22 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
1334 FAIRFAX CIRCLE EAST
BOYNTON BEACH FL 33462

2. Principal Place of Business
1717 N. Congress Ave.
Suite, Apt. #, etc.

3. Mailing Address
1717 N. Congress Ave.
Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33426

Country
USA

Zip
33426

Country
USA

4. FEI Number
65-0924084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
799 NE 32nd St.
Boca Raton FL Zip Code 33431

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 *Lee A Smolinski* 1-17-01
Signatures 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

600003576816--1
-01/26/01--01066--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SMOLINSKI FAMILY PARTNERSHIP, L.P. 1334 FAIRFAX CIRCLE EAST BOYNTON BEACH FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HOLTZ FAMILY PARTNERS, L.P. 111 WEST 67TH STREET #36-B NEW YORK NY 10023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMOLINSKI, LEE A 1334 FAIRFAX CIRCLE EAST BOYNTON BEACH FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLTZ, MICHAEL 111 WEST 67TH STREET #36-B NEW YORK NY 10023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Smolinski & Assoc, Inc. 799 NE 32nd St. Boca Raton, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	799 NE 32nd Street Boca Raton, FL 33431-6918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lee A Smolinski* 1-17-01 (813) 733-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)