

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90149 020 \*\*\*150.00

**DOCUMENT # P00000036590**

1. Entity Name

**S & M REALTY HOLDING CO.**

Principal Place of Business

Mailing Address

C/O LAW OFFICES OF SETH E ELLIS, P.A.  
7000 W PALMETTO PARK RD. SUITE 300  
BOCA RATON FL 33433

C/O LAW OFFICES OF SETH E ELLIS, P.A.  
7000 W PALMETTO PARK RD. SUITE 300  
BOCA RATON FL 33433

2. Principal Place of Business

**4957 NW 77 COURT**

3. Mailing Address

**4957 NW 77 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

4. FEI Number

**65-1032420**

Applied For

Not Applicable

Zip

**33073**

Country

**USA**

Zip

**33073**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, SETH E**  
C/O LAW OFFICES OF SETH E ELLIS, P.A.  
7000 W PALMETTO PARK RD, SUITE 300  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **Sandra A. Smith**

Street Address (P.O. Box Number is Not Acceptable) **4957 NW 77th Court**

City

**Pompano Beach, FL**

FL

Zip Code

**33073**

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

*Sandra A. Smith*

**3-20-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PERETZ, MEIR**  
STREET ADDRESS **1951 NE 115TH ST #30**  
CITY-ST-ZIP **N MIAMI BEACH FL 33181**

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

TITLE **D** ☐ Delete  
NAME **SMITH, SANDRA A**  
STREET ADDRESS **4957 NW 77TH CT**  
CITY-ST-ZIP **POMPAHO BEACH FL 33073**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Sandra A. Smith* **Sandra A. Smith**

**3-20-01**

Date

Daytime Phone #

**954-784-2854**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

0304477