

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90011 001 ***150.00
09-29-2002 90011 002 *****5.00

DOCUMENT # P01000079865
1. Entity Name S & M Management Enterprises Inc

DO NOT WRITE IN THIS SPACE

99922

2. Principal Place of Business
8654 7th St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 422290
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32836

City & State
Kissimmee FL
Zip
34742

4. FEI Number
59-3735905
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sherif Mohamed
Street Address (P.O. Box Number is Not Acceptable)
8654 7th St
City Orlando FL Zip Code 32836

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 re-registering) DATE _____

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

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Sherif Mohamed</u> <u>8654 7th St</u> <u>Orlando FL 32836</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Tammy Mohamed</u> <u>8654 7th St</u> <u>Orlando, FL 32836</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
Typed or printed name of signing officer or director

9/19/02 407-465-1712
Date Daytime Phone #

Attachment

99922

Untitled
FANFARE PROPERTIES
P.O. BOX 422290
KISSIMMEE, FL. 34742
407)465-1712

PO100079865

TO WHOM IT MAY CONCERN,

I HAD RECEIVED A CALL ABOUT MY TAXES, FROM ON MY CORPORATION JUST
RESENTLY.

I HAD NOT RECEIVED ANYTHING ABOUT PAYING. I AM NEW IN THIS BUSINESS AND STILL
LEARNING ABOUT

WHAT TO DO THE PASSED OWNER NOT METIONED ANYTHING TO ME I ALSO HAD NOT RECIEVED ANY
NOTICES.

WE HAD MOVED SEVERAL TIMES. PLEASE I WISH FOR YOU TO EXCUSE US BEING LATE AND NOT
CHARGE

US FOR THE LATE FEE NEXT TIME WE WILL BE ON TIME PLEASE EXCUSE THIS.

THANK YOU,
FANFARE PROPERTIES
SHERIF

