

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90223 016 ***150.00

DOCUMENT # P95000039815

1. Entity Name
SHMATA ROW II, INC.



Principal Place of Business
**901 EAST 10TH AVENUE
BAYLOR
HIALEAH FL 33010**

Mailing Address
**417 N STATE ROAD 7
HOLLYWOOD FL 33021**

2. Principal Place of Business

**2221 NE 164 ST
Suite, Apt. #, etc.
1100**

3. Mailing Address

**2221 NE 164 ST
Suite, Apt. #, etc.
1100**

City & State
**NO. MIAMI BCH FL
Zip 33160 Country USA**

City & State
**NO. MIAMI BCH FL
Zip 33160 Country USA**

4. FEI Number **65-0585808**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SEMEL, STUART
2365 NE 195 ST
N MIAMI BCH FL 33180**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEMEL, STUART	
STREET ADDRESS	2365 NE 195TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33180	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SEMEL, DAVID	
STREET ADDRESS	5080 SW 31 TERR	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMEL, DAVID	
STREET ADDRESS	2365 NE 195 ST	
CITY-ST-ZIP	NO. MIAMI BCH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-03** Daytime Phone #

CR2E034 (10/02)