

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R95000071392

1. Entity Name

SMLX TECHNOLOGIES OF FLORIDA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90043 048 \*\*\*158.75

Principal Place of Business

Mailing Address

376 ANSIN BLVD  
HALLANDALE FL 33009  
US

376 ANSIN BLVD  
HALLANDALE FL 33009-3107  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0613049

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUR, HENRY B  
376 ANSIN BLVD  
HALLANDALE FL 33009

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

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, 2000 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	DV	<input type="checkbox"/> Delete
NAME	SCHUR, HENRY B	
STREET ADDRESS	376 ANSIN BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVANDOSKI, NICHOLAS G	
STREET ADDRESS	376 ANSIN BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, COLIN N	
STREET ADDRESS	376 ANSIN BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, JOEL	
STREET ADDRESS	376 ANSIN BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joel Marcus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

(954) 455-0110

Date

Daytime Phone #

CR2E034 (9/99)