

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90145 007 \*\*\*150.00

0236889 AV

**DOCUMENT # P96000068124**

1. Entity Name  
**SMR ASSOCIATES, INC.**

Principal Place of Business

~~914 MATANZAS AVE~~  
~~CORAL GABLES FL 33146~~

Mailing Address

~~914 MATANZAS AVE~~  
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

**962 N.W. 92nd Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**962 N.W. 92nd Terrace**

Suite, Apt. #, etc.

City & State

**Plantation, Florida 33324**

City & State

**Plantation, Florida 33324**

4. FEI Number

**65-0688603**

Applied For

Not Applicable

Zip

Country

**33324**

Zip

Country

**33324**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~LIPSON, GARY D~~  
~~914 MATANZAS AVE~~  
~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name

**Melvin H. Roth**

Street Address (P.O. Box Number is Not Acceptable)

**962 N.W. 92nd Terrace**

City

**Plantation, Florida**

**FL**

Zip Code

**33324**

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, 2002 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

TITLE ~~DP~~  
 NAME ~~LIPSON, GARY D~~  
 STREET ADDRESS ~~914 MATANZAS AVE~~  
 CITY-ST-ZIP ~~CORAL GABLES FL 33146~~ ☒ Delete

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,D  
 NAME  
 STREET ADDRESS Melvin H. Roth  
 CITY-ST-ZIP 962 N.W. 92nd Terrace  
 Plantation, Florida 33324 ☐ Change ☒ Addition

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

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)