

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027018

1. Entity Name  
SMCHA CORP.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90012 011 \*\*\*550.00

Principal Place of Business

333 41ST STREET  
SUITE 900  
MIAMI BEACH FL 33140

Mailing Address

333 41ST STREET  
SUITE 900  
MIAMI BEACH FL 33140

2. Principal Place of Business

3511 West Commercial Blvd

3. Mailing Address

3511 West Commercial Blvd

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0753560

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARDASHTI, DAVID  
333 41ST STREET  
SUITE 900  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name David Dardashti

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

3511 West Commercial Blvd

Suite 307

City

Fort Lauderdale

FL

Zip Code

33309

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME DARDASHTI, DAVID  
STREET ADDRESS 3770 CHASE AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D  
NAME BRONSTEIN, HILLEL  
STREET ADDRESS 16 WEST 36TH STREET  
CITY-ST-ZIP NEW YORK NY 10018 ☐ Delete

TITLE D  
NAME DARDASHTI, IRENE  
STREET ADDRESS 3770 CHASE AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 (5/00)