

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P91000076052

1. Entity Name

S & M INVESTMENT AND FINANCE INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90120 031 \*\*\*150.00

Principal Place of Business

9280 KETAY CIRCLE  
BOCA RATON  
FL. 33428 US

Mailing Address

9280 KETAY CIRCLE  
BOCA RATON FL 33428  
US

80388779

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9280 KETAY CIRCLE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

BOCA RATON FLORIDA  
33428 PALM BEACH

4. FEI Number

65-0773220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAMENS, WINFIELD P. JR.  
9280 KETAY CIRCLE  
BOCA RATON FL. 33428

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CEO P			
	CLAMENS, WINFIELD C. SR	9280 KETAY CIRCLE	BOCA RATON FL 33428	
	DES			
	CLAMENS, ANN	9280 KETAY CIRCLE	BOCA RATON FL. 33428	
	MD			
	CLAMENS, WINFIELD P. JR.	9280 KETAY CIRCLE	BOCA RATON, FL. 33428	
	DIRECTOR OF OPERATIONS REAL ESTATE DIVISION			
	JOHNATHAN CLAMENS	9280 KETAY CIRCLE	BOCA RATON, FL. 33428	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/99)

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

WINFIELD P. CLAMENS 04/05/2000

Date

561-883-3134

Daytime Phone #