

2000 UNIFORM BUSINESS REPORT (UBR) ^{\$300}

DOCUMENT # **P98000087351**
 1. Entity Name
S#M ENTERPRISES, INC. OF SOUTH FLORIDA

FILED

00 FEB 15 PM 2:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3275 W. HILLSBORO BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

4. FEI Number

65-0868273

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ANTHONY G. COLEMAN, JR.

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

6194 NORTH FEDERAL HIGHWAY

City

BOLTA RATON

FL

Zip Code

33487

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 of, or printed name of, registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

TITLE

PRESIDENT/DIRECTOR

☒ Change

☐ Addition

NAME

STEVEN MILLER

STREET ADDRESS

3275 W. HILLSBORO BLVD STE 110

CITY-ST-ZIP

DEERFIELD BEACH FL 33442

☐ Delete

TITLE

☐ Change

☐ Addition

NAME

200003136112--2

STREET ADDRESS

-02/15/00--01091--001

CITY-ST-ZIP

*****1111.25 ***300.00**

☐ Delete

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

SP

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 (9/99)