

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016863

1. Entity Name

SMART STOP OF PLANTATION. INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90226 028 ***150.00

Principal Place of Business

Mailing Address

~~2584 NORTH STATE ROAD 7~~
~~LAUDERDALE LAKES FL 33311~~

~~2584 NORTH STATE ROAD 7~~
~~LAUDERDALE LAKES FL 33313-2777~~

2. Principal Place of Business

109 A N. State Rd. 7

3. Mailing Address

109 A N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number

65-0898986

Applied For

Not Applicable

Zip
33317

Country
Broward

Zip
33317

Country
Broward.

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

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name

JABR, OMAEY

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

109 A N. State Rd 7

City

Plantation

FL

Zip Code

33317

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] Omaey Jabr Presd. 2/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD JABR, OMAEY 2584 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] Omaey Jabr

Date

2/1/00

Daytime Phone #

954 486 6001

CR2E034 (9/99)