

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90092 024 ***150.00

DOCUMENT # P99000030733

1. Entity Name

S & M PARTNERS CORPORATION

Principal Place of Business

Mailing Address

7202 PROMENADE DRIVE, APT. #302E
 BOCA RATON FL 33433

7202 PROMENADE DRIVE, APT. #302E
 BOCA RATON FL 33433-6910

2. Principal Place of Business

3. Mailing Address

C/O SILER & YAFFE CPAS P.O. BOX 867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2419 HOLLYWOOD BLVD.

City & State
 HOLLYWOOD, FL

City & State
 BOCA RATON, FL

Zip
 33020

Country
 USA

Zip
 33429

Country
 USA

4. FEI Number

65-0912344

Applied For

Not Applicable

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

MARTIN, EDWARD
 7202 PROMENADE DRIVE, APT. #302E
 BOCA RATON FL 33433

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
 MARTIN, EDWARD
 7202 PROMENADE DRIVE, APT. #302E
 BOCA RATON FL 33433

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

D
 MARTIN, EDWARD
 C/O SILER & YAFFE CPAS 2419 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020

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☐ 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

5/8/00

Date

(954) 930-9450

Daytime Phone #