

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038973

1. Entity Name

STRUCTURED MANAGEMENT CORPORATION

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90187 019 ***150.00

Principal Place of Business

Mailing Address

GRAND BAY DRIVE
403
BISCAYNE FL 33149

445 GRAND BAY DRIVE
SUITE 403
KEY BISCAYNE FL 33149-1906

638632



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

1401 Brickell Ave

1401 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1010

Suite 1010

City & State

City & State

Miami

Miami

Zip

Zip

33131

Country

Country

USA

33131

Country

USA

4. FEI Number

65-0935430

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

HECHT, ALAN R
2670 N.E. 215TH STREET
MIAMI FL 33180

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINOLY, DANIEL		NAME		
STREET ADDRESS	445 GRAND BAY DRIVE.		STREET ADDRESS	1490 S. Bayshore Lane, Apt 808	
CITY-ST-ZIP	APT 403 KEY BISCAYNE FL 33149		CITY-ST-ZIP	Miami FL 33133	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMADA, GUILLERMO		NAME		
STREET ADDRESS	445 GRAND BAY DRIVE		STREET ADDRESS	1541 Brickell Ave, Apt. 809	
CITY-ST-ZIP	KEY BISCAYNE-FL 33149		CITY-ST-ZIP	Miami FL 33129	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 (9/99)