

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 391314

FILED
Apr 22, 2003
Secretary of State

Entity Name: SIMCO GROUP, INC.

Current Principal Place of Business:

610 SW 99TH AVENUE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

610 SW 99TH AVENUE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 59-1365638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, JOHN H PRES
610 SW 99TH AVENUE
PEMBROKE PINES, FL 33025

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, JOHN H MR.
Address: 610 SW 99TH AVENUE
City-St-Zip: PEMPRIKE PINES, FL 33025

Title: T () Delete
Name: SIMON, LISSETTE M MRS.
Address: 610 SW 99TH AVENUE
City-St-Zip: PEMPROKE PINES, FL 33025

Title: VT () Delete
Name: SIMON, ADA MRS.
Address: 3180 W. 3RD AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: SIMON, ARTURO O MR.
Address: 4110 W 7TH LANE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. SIMON

PD

04/22/2003

Electronic Signature of Signing Officer or Director

_____ Date