

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90016 002 ***200.00

DOCUMENT # J18584

1. Entity Name

ALAN RICHARD SIMON LAW OFFICE CHARTERED ATTORNEY

Principal Place of Business

Mailing Address

**2255 GLADES N.
 SUITE 226-ATRIUM
 BOCA RATON FL 33431-7305**

**2255 GLADES RD.
 SUITE 226-ATRIUM
 BOCA RATON FL 33431-7382
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2205323**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SIMON, ALAN RICHARD
 2255 GLADES RD.
 SUITE 226-ATRIUM
 BOCA RATON FL 3341-7305**

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	C	<input type="checkbox"/> Delete
NAME	SIMON, ALAN RICHARD	
STREET ADDRESS	2255 GLADES RD., SUITE 226-ATRIUM	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, ALAN RICHARD	
STREET ADDRESS	2255 GLADES RD., SUITE 226-ATRIUM	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SIMON, JEANE KRAMER	
STREET ADDRESS	2255 GLADES RD, SUITE 226-ATRIUM	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: *Alan Richard Simon* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 1/12/00 Daytime Phone # 561-241-1110