

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90080 003 ***150.00

DOCUMENT # J18584

1. Entity Name

ALAN RICHARD SIMON LAW OFFICE CHARTERED ATTORNEY

Principal Place of Business

Mailing Address

~~2255 GLADES RD.~~
~~SUITE 226-ATRIUM~~
~~BOCA RATON FL 33431-7305~~
~~US~~

~~2255 GLADES RD.~~
~~SUITE 226-ATRIUM~~
~~BOCA RATON FL 33431-7305~~
~~US~~

00006799



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

95 NE 4th Ave

95 NE 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, FL

Delray Beach, FL

4. FEI Number

65-0158081

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

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

Name

Street Address (P.O. Box Not Acceptable)

95 NE 4th Ave

Delray Beach

FL

Zip Code 33483

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

(NOTE: Registered Agent signature required when reinstating)

1/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete
C	SIMON, ALAN RICHARD	2255 GLADES RD., SUITE 226-ATRIUM	BOCA RATON FL	<input type="checkbox"/>
D	SIMON, ALAN RICHARD	2255 GLADES RD., SUITE 226-ATRIUM	BOCA RATON FL	<input type="checkbox"/>
PSTD	SIMON, JEANE KRAMER	2255 GLADES RD., SUITE 226-ATRIUM	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		95 NE 4th Ave	Delray Beach, FL 33483	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		95 NE 4th Ave	Delray Beach, FL 33483	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		95 NE 4th Ave	Delray Beach, FL 33483	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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

Alan Richard Simon

Date

Daytime Phone #

1/9/01

501-271-0004