

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90013 005 ***150.00

DOCUMENT # P98000019761

1. Entity Name
SIMOR MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~2041 N.E. 214TH STREET~~ 2041 N.E. 214TH STREET
~~N MIAMI BEACH FL 33179~~ N MIAMI BEACH FL 33179-1644

2. Principal Place of Business 3. Mailing Address
1662 NE 196 ST **1662 NE 196 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Miami Beach Fl. **N. Miami Beach. Fl**
 Zip Country Zip Country
33179 **USA** **33179** **USA**

4. FEI Number Applied For
65-0828115 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORJECKI, SZYMON
2041 N.E. 214TH STREET
NORTH MIAMI BEACH FL 33179

Name **Szymon Trojecki**
 Street Address (P.O. Box Number is Not Acceptable)
1662 N.E. 196 ST
 City **North Miami Beach** **FL** Zip Code **33179**

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]* DATE

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TROJECKI, SZYMON 2041 N.E. 214TH STREET N MIAMI BEACH FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1662 NE 196 ST. N. Miami Beach. Fl 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete UZIEL, MORDEHAJ 2041 N.E. 214TH STREET N MIAMI BEACH FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date **3-3-2000** Daytime Phone #

CR2E034 (9/99)