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 N MIAMI BEACH FL 33179	2041 N.E. 214TH STREET N MIAMI BEACH FL 33179-1644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1662 NE 196 ST	1662 NE 196 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach Fl.	City & State: N. Miami Beach. Fl
Zip: 33179 / Country: USA	Zip: 33179 / Country: USA

4. FEI Number 65-0828115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	TROJECKI, SZYMON		NAME		
STREET ADDRESS	~~2041 N.E. 214TH STREET~~		STREET ADDRESS	1662 NE 196 ST.	
CITY-ST-ZIP	~~N MIAMI BEACH FL 33179~~		CITY-ST-ZIP	N. Miami Beach. Fl 33179	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	UZIEL, MORDEHAI		NAME		
STREET ADDRESS	2041 N.E. 214TH STREET		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: ______________________ 3-3-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)