

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000084983

Entity Name: SIMON INSURANCE CORP

Current Principal Place of Business:

672 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

Current Mailing Address:

672 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

FEI Number: 84-3705953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, JOSE
672 N UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

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

Officer/Director Detail :

Title P,S
Name SIMON, JOSE
Address 672 N UNIVERSITY DR
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name SIMON, ELIANA
Address 672 N UNIVERSITY DR
City-State-Zip: PEMBROKE PINES FL 33024

I hereby 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 all other like empowered.

SIGNATURE: JOSE SIMON

OWNER

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date