

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 617035

1. Entity Name

M. SIMON & ASSOCIATES, P.A.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90067 015 ***150.00

Principal Place of Business

3344 N E 32ND STREET
FT LAUDERDALE FL 33308
US

Mailing Address

3344 N E 32ND STREET
FT LAUDERDALE FL 33308-7104
US

2. Principal Place of Business

3344 NE 32nd St.

Suite, Apt. #, etc.

3. Mailing Address

3344 NE 32nd St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33308

Country
USA

City & State

Ft. Lauderdale, FL

Zip
33308

Country
USA

4. FEI Number

59-1911409

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, MORRIS

3344 N E 32ND STREET
FT LAUDERDALE FL 33308

Name

Richard H. Simon

Street Address (P.O. Box Number is Not Acceptable)

3344 NE 32nd St.

City

Ft. Lauderdale

FL

Zip Code

33308

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

RICHARD H. SIMON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, MORRIS	
STREET ADDRESS	3344 N E 32ND STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SIMON, RICHARD	
STREET ADDRESS	2511 NW 98TH TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lasky, Scott	
STREET ADDRESS	1179 NW 114th Ave	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

(954) 566-3150

Daytime Phone #

CR2E034 (9/99)