

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013714 AF

DOCUMENT # A98000002074

1. Entity Name

SIMON DIVERSIFIED HOLDINGS, LTD.

FILED

MAY -2 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12831 SW 62ND LANE  
MIAMI FL 33183

Mailing Address

12831 SW 62ND LANE  
MIAMI FL 33183

2. Principal Place of Business

1201 WREN AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1201 WREN AVENUE

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS FL

4. FEI Number

65-0863352

Applied For

Not Applicable

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON CAPITAL MANAGEMENT, INC.  
12831 SW 62ND LANE  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name SIMON CAPITAL MANAGEMENT, INC.

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

1201 WREN AVENUE

City

MIAMI SPRINGS

FL

Zip Code

33166

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

GENERAL PARTNER

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. Capital Contributions as Shown on record.

\$26,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000019544  
NAME SIMON CAPITAL MANAGEMENT, INC.  
STREET ADDRESS 12831 SW 62ND LANE  
CITY-ST-ZIP MIAMI FL 33183

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1201 WREN AVENUE  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

DOCUMENT #  
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
MICHAEL SIMON, PRESIDENT  
SIMON CAPITAL MANAGEMENT, INC.

Date

Daytime Phone #

4/30/01 305-888-2539

CR2E003 (11/00)