

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53100

1. Entity Name

SIMA CORPORATION

Principal Place of Business

% BHARAT M. PATEL
2340 SOUTH PINE
OCALA FL 32671-5102

Mailing Address

2110 N. COURTNEY PKWY
MERRIT ISLAND FL 32953-4236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3242612

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

PATEL, BHARAT M.
2340 SOUTH PINE
OCALA FL

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PATEL, VIJAY
STREET ADDRESS 1520 HEATHER LANE
CITY-ST-ZIP DES PLAINES IL
Delete ☒ New Address

TITLE PD
NAME PATEL VIJAY
STREET ADDRESS 1155 BLUE HERON WAY
CITY-ST-ZIP ROSELLE IL- 60172
Change ☒ Addition ☐

TITLE V
NAME PATEL, BHARAT M.
STREET ADDRESS 2340 S. PINE
CITY-ST-ZIP Ocala FL
Delete ☐ New Address

TITLE V
NAME PATEL BHARAT M.
STREET ADDRESS 2110 N. COURTNEY PKWY
CITY-ST-ZIP MERRIT ISLAND FL 32953-4236
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

847-956-6960

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 013 ***150.00

004000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)