

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G62460**

1. Entity Name  
**ALSIMON, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90128 025 \*\*\*150.00

Principal Place of Business  
**1789-1819 NW 2ND AVE  
BOCA RATON FL 33432  
US**

Mailing Address  
**ALSIMON INC.  
PO BOX 1705  
HALLANDALE FL 33008-1705**

00004660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2330515</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CLEMENS, DIANA 3640 YACHT CLUB DR. AVENTURA FL 33180</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLEMENS, SIMON</b>			NAME			
STREET ADDRESS	<b>3640 YACHT CLUB DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHEARS, HELEN</b>			NAME			
STREET ADDRESS	<b>3350 NE 192 STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLEMENS, LOLA</b>			NAME			
STREET ADDRESS	<b>3640 YACHT CLUB DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHEARS, AL</b>			NAME			
STREET ADDRESS	<b>3350 NE 192 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Simon Clemens* FEB 11 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIMON CLEMENS PRES.**

CR2E034 (9/99)