

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90156 003 ***150.00

0402250 AV

DOCUMENT # J18584

1. Entity Name

ALAN RICHARD SIMON LAW OFFICE CHARTERED ATTORNEY

Principal Place of Business

~~95 NE 4TH AVE~~
~~DELRAY BEACH FL 33483~~
US

Mailing Address

~~95 NE 4TH AVE~~
~~DELRAY BEACH FL 33483~~
US

2. Principal Place of Business

3980 RCA Blvd.
Suite, Apt. #, etc.
Suite 8012

3. Mailing Address

P.O. BOX 31041
~~3980 RCA Blvd.~~
~~Suite 8012~~



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0158081

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33420-1041

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, ALAN RICHARD

~~3980 RCA BLVD., STE. 3012~~

PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

3980 RCA Blvd. Suite 8012

City

Palm Beach Gardens FL

Zip Code

33410

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

Alan Richard Simon
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/11/02
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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	SIMON, ALAN R	
STREET ADDRESS	95 NE 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SIMON, JEANNE K	
STREET ADDRESS	95 NE 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3980 RCA Blvd. Suite 8012	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3980 RCA Blvd. Suite 8012	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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

Alan Richard Simon
Director
Date **1/11/02** Daytime Phone # **561-493-7500**

CR2E034 (9/01)