

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L25396**

1. Entity Name  
**UPDATERS, INC.**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 021 \*\*\*550.00

Principal Place of Business  
**%CHARLOTTE SIMON**  
**2451 BRICKELL AVE.. STE. 10-G**  
**MIAMI FL 33129**

Mailing Address  
**%CHARLOTTE SIMON**  
**2451 BRICKELL AVE.. STE. 10-G**  
**MIAMI FL 33129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **D**

4. FEI Number **65-0176548**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, CHARLOTTE**  
**2451 BRICKELL AVENUE**  
**SUITE 10-G**  
**MIAMI FL 33129**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **DP** ☐ Delete  
NAME **SIMON, CHARLOTTE B.**  
STREET ADDRESS **2451 BRICKELL AVE., 10-G**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **ST** ☐ Delete  
NAME **SIMON, ANDREW G**  
STREET ADDRESS **1124 STONEBRIDGE DR.**  
CITY-ST-ZIP **HOWRD'S GROVE WI**

TITLE ☐ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **Andrew G. Simon**  
CITY-ST-ZIP **12615 Moore's Mill Rd**

TITLE **VP** ☐ Delete  
NAME **EASTHAM, KATHI'S**  
STREET ADDRESS **9300 SW 104TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME **Huntersville, NC**  
STREET ADDRESS **28078**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charlotte B Simon, 8/9/00**  
Pres. Date Daytime Phone #

CR2E034 (5/00)