

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72968

1. Entity Name

SIM-TEX INDUSTRIES, INC.

Principal Place of Business

6848
6848 NW 77 COURT
MIAMI FL 33166
US

Mailing Address

6848
6848 NW 77 COURT
MIAMI FL 33166-2713
US

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

65-0069340

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

SIMMONS, JACQUELINE
6848 NW 77TH COURT
MIAMI FL 33166

Name

JACQUELINE SIMMONS

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

6848 N.W. 77A COURT

City

MIAMI

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.

(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	PDT	<input type="checkbox"/> Delete
NAME	SIMMONS, JOSEPH	
STREET ADDRESS	6848 NW 77TH COURT (6848)	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	SIMMONS, JACQUELINE	
STREET ADDRESS	6848 NW 77TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 of 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: Jacqueline Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00 (35) 477-2256
Date Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 010 ***150.00

00033041



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)