

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended.

FILED

01 NOV -5 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

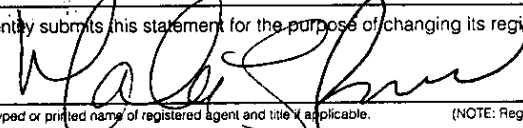
DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000042983			
1. Entity Name Simon Cleaners, Inc.			
Principal Place of Business 13905 SW 66 Street Miami FL 33183		Mailing Address	
2. Principal Place of Business 13905 SW 66 Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami FL 33183		City & State	
Zip	Country USA	Zip	Country

4. FEI Number 65-1004519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Marcos A. Guerra 3663 SW 8 Street, Suite 210 Miami, Florida.		7. Name and Address of New Registered Agent Name: Marlene Leon-Rubido Esquire Street Address (P.O. Box Number is Not Acceptable): 8500 W Flagler Street Suite A-105 City: Miami FL Zip Code: 33144	
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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:  DATE: 10-23-01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b></p> <p><b>After MAY 1, 2000 Fee will be \$550.00</b></p> <p><b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Simon Hernandez 15766 SW 76 Terr Miami FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Dany Diaz 13905 SW 66 Street Miami FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Georgina Hernandez 15766 SW 76 Terr. Miami FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. Virginia Diaz 13905 SW 66 Street Miami FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 10/23/01

CR2E034 (9/99)