

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042983

1. Entity Name

Simon Cleaners, Inc

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13905 SW 166 STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State

Zip  
33183

Country  
USA

Zip

Country

4. FEI Number

65-1004519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Martene Leon-Rubido, Esq

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

8500 W. Flagler ST # A-105

City Miami

FL

Zip Code  
33144

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President/Director Jorge G. Castano 13905 SW 166 STREET Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Jorge Castano, Jr. 13905 SW 166 STREET Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Claride Alvaro Diaz 13905 SW 166 STREET Miami FL 33183
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

Jorge G Castano

4/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

PB