

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90264 020 \*\*\*150.00

024475 AV

**DOCUMENT # P00000045047**

1. Entity Name  
**F & M OF MIAMI B., INC.**



Principal Place of Business  
**8132 HARDING AVE., #7**  
**MIAMI BEACH FL 33141**

Mailing Address  
**8132 HARDING AVE., #7**  
**MIAMI BEACH FL 33141**



2. Principal Place of Business  
**7411 CARLY LEAVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**555 75<sup>th</sup> ST**  
Suite, Apt. #, etc.  
**APT # 4**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI BEACH**  
Zip  
**FL 33141**

City & State  
**MIAMI BEACH**  
Zip  
**FL 33141**

4. FEI Number **65-1008122** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SOMEILLAN, JULIO C**  
**100 KINGS POINT DR., #1506**  
**SUNNY ISLES BEACH FL 33160**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9825 COLLINS AVE**  
**PH-E**  
City **MIAMI SURFSIDE** FL Zip Code **33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SIMOSIS, ANASTACIO</b>	
STREET ADDRESS	<b>8132 HARDING AVE., #7</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BASSAKYROU, FRANCESCA E</b>	
STREET ADDRESS	<b>8132 HARDING AVE., #7</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>555 75<sup>th</sup> ST #4</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>555 75<sup>th</sup> ST #4</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIMOSIS, ANASTACIO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 29, 03 305 865-8396**  
Date Daytime Phone #

CR2E034 (10/02)