

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 042 ***158.75

DOCUMENT # **PD1000047086**

1. Entity Name

SIMPLY DIGITAL INC.

DO NOT WRITE IN THIS SPACE

427309

2. Principal Place of Business

394 E. 33RD ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIWLEAH FL

City & State

4. FEI Number

65-1103497

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ORESTES PAINE

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

394 E. 33RD ST.

City

HIWLEAH

FL

Zip Code

33013

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

2/01/02

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

PRESIDENT

ORESTES PAINE

STREET ADDRESS

394 E. 33 ST.

CITY-ST-ZIP

HIWLEAH FL 33013

TITLE

VICE PRESIDENT

NAME

PETER MINSAL

STREET ADDRESS

5781 N.W. 199TH ST.

CITY-ST-ZIP

MIAMI FL 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/01/02

Daytime Phone #

CR2E034B (12/01)