2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054383

AMENDMENT

02 NOV 15 AM 11:07

200008901285 TALLAHASSEE, FLORIDA
11/15/02 ...801 **63.00

1. Entity Name
SIMMONS AND EVANS INVESTMENT, INC.

Principal Place of Business
180 N.W. 49 STREET
MIAMI FL 33127

Mailing Address
180 N.W. 49 STREET
MIAMI FL 33127

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1083677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EVANS, DERRICK E
180 N.W. 49 STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 09/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. 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, 2002 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: PD NAME: SIMMONS, ROSITA STREET ADDRESS: 180 N.W. 49 STREET CITY-ST-ZIP: MIAMI FL 33127	☑ Delete	TITLE: PD NAME: EVANS, DERRICK STREET ADDRESS: 180 N.W. 49 STREET CITY-ST-ZIP: MIAMI FL 33127	☐ Change ☑ Addition
TITLE: TD NAME: EVANS, DERRICK STREET ADDRESS: 180 N.W. 49 STREET CITY-ST-ZIP: MIAMI FL 33127	☐ Delete	TITLE: VPD NAME: SIMMONS, JOE STREET ADDRESS: 180 N.W. 49 STREET CITY-ST-ZIP: MIAMI FL 33127	☐ Change ☑ Addition
TITLE: SD NAME: SIMMONS, JOE STREET ADDRESS: 180 N.W. 49 STREET CITY-ST-ZIP: MIAMI FL 33127	☐ Delete	TITLE: SD NAME: MAKIKO M EVANS STREET ADDRESS: 180 NW 49 ST CITY-ST-ZIP: MIAMI FL 33127	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: TD NAME: LAKISHA MCSWAIN STREET ADDRESS: 7999 NW 15TH AVE CITY-ST-ZIP: MIAMI FL 33147	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MD NAME: DANIELLE W SIMMONS STREET ADDRESS: 180 NW 49 ST CITY-ST-ZIP: MIAMI FL 33127	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Joe Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #