

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

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90382 023 \*\*\*150.00

DOCUMENT # PD1000054386 ✓  
1. Entity Name  
The Simon Law Firm, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2445 Pigeon Cay</u> Suite, Apt. #, etc. <u>West Palm Beach, FL</u> City & State		3. Mailing Address <u>SAME AS (2)</u> Suite, Apt. #, etc. City & State	
Zip <u>33411</u>	Country <u>USA</u>	Zip	Country

**637479**

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1110912</u>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>Elaine Simon</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2445 Pigeon Cay</u>	
	City <u>West Palm Beach</u> <b>FL</b>	Zip Code <u>33401</u>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President / Principal</u> <u>Elaine Simon</u> <u>2445 Pigeon Cay</u> <u>West Palm Beach, FL 33401</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Elaine Simon ELAINE SIMON April 16, 2002 (561) 515 6002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034B (12/01)