

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90094 006 ***150.00

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1. Entity Name
SIMPLE BUSINESS SOLUTIONS, INC.



Principal Place of Business
**3405 NW 44 ST
#203
FORT LAUDERDALE FL 33309**

Mailing Address
**3405 NW 44 ST
#203
FORT LAUDERDALE FL 33309**



2. Principal Place of Business
13293 NW 6 Place
Suite, Apt. #, etc.

3. Mailing Address
13293 NW 6 Place
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
B3325 Country
USA

City & State
Plantation, FL
Zip
33325 Country
USA

4. FEI Number
01-0552386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GASS, DANIEL G
10001 NW 50TH STREET SUITE 204
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name
CARLA ROCHA
Street Address (P.O. Box Number is Not Acceptable)
13293 NW 6 Place
City
Plantation FL Zip Code
33325

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
Carla Rocha

DATE
3/24/3

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCHA, CARLA
3405 NW 44ST #203
FORT LAUDERDALE FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CAR ROCHA, CARLA
13293 NW 6 Place
Plantation, FL 33325** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Carla Rocha* **ROCHA, CARLA** **3/24/3** **954-577-0032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)