

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 004 ***150.00

DOCUMENT # P02000012323

1. Entity Name
SIMON FINANCES & CONSULTING INC.

Principal Place of Business
**320 RAQUET CLUB RD #102
WESTON, FL 33326**

Mailing Address
**320 RAQUET CLUB RD #102
WESTON, FL 33326**

2. Principal Place of Business
13224 W Broward Blv.
Suite, Apt. #, etc.

3. Mailing Address
13224 W BROWARD BLV
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL

City & State
PALNTATION, FL

4. FEI Number
61-1403452

Applied For
☐ Not Applicable

Zip Country
33325 Broward

Zip Country
33325 Broward

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

6. Name and Address of Current Registered Agent

**SIMON, JUAN
320 RAQUET CLUB RD #102
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
SIMON, JUAN
Street Address (P.O. Box Number is Not Acceptable)
16205 LAUREL DR.

City Zip Code
Weston FL 33326

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 *Juan Simon* **Juan Simon** **4/10/03**
(NOTE: Registered Agent signature required when amending)

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 PD ☐ Delete
NAME **SIMON, JUAN**
STREET ADDRESS **320 RAQUET CLUB RD #102**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE VPD ☐ Delete
NAME **SIMON, JOSEFINA**
STREET ADDRESS **320 RAQUET CLUB RD #102**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **Simon Juan**
STREET ADDRESS **16205 Laurel Dr.**
CITY-ST-ZIP **Weston, FL 33326**

TITLE VPD ☒ Change ☐ Addition
NAME **Simon, Josefina**
STREET ADDRESS **16205 Laurel Dr.**
CITY-ST-ZIP **Weston, FL 33326**

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

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

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

TITLE ☐ Change ☐ 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: *Juan Simon* **Juan Simon** **4/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)