

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90015 007 ***150.00

0310843

DOCUMENT # P13406

1. Entity Name

SIMMONS MARKET RESEARCH BUREAU, INC.

Principal Place of Business

309 W. 49TH ST.
 NEW YORK NY 10019
 US

Mailing Address

700 W HILLSBORO BLVD
 BLDG 4 STE 201
 DEERFIELD BEACH FL 33441
 US

2. Principal Place of Business

530 Fifth Avenue

Suite, Apt. #, etc.

10th Floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

10036

Country

USA

Zip

Country

4. FEI Number

13-2948721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. 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, 2001 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

TITLE **P** ☐ Delete
 NAME **SHIMMEL, HOWARD**
 STREET ADDRESS **309 W 49TH ST 14TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Delete
 NAME **ENGEL, WILLIAM E**
 STREET ADDRESS **700 W HILLSBORO BLVD BLDG 4 STE 201**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
 NAME **LIVEK, WILLIAM P**
 STREET ADDRESS **700 W HILLSBORO BLVD #4-201**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Engel
 Director

Date

Daytime Phone #

3-7-01 (954) 427-4104

CR2E034 (10/00)