

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029464

1. Entity Name
SIMBA, INC.

Principal Place of Business
471 SW 8TH ST
MIAMI BEACH FL 33130
US

Mailing Address
PO BOX 19-1511
MIAMI BCH FL 33119-1511
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WASSERMAN, MARTIN W ESO
999 WASHINGTON AVE
MIAMI BEACH FL 33139

REINSTATEMENT

4. FEI Number 65-0144298

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Jose Fernandez
Street Address (P.O. Box Number is Not Acceptable)
471 SW 8 street
City Miami FL Zip Code 33130

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

11-15-01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 DVS
NAME FERNANDEZ, JOSE
STREET ADDRESS 471 SW 8TH ST
CITY-ST-ZIP MIAMI FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

000004705990--2
-12/05/01--01052--002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20-01-01

305

858225

0116949 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 19 AM 10:15



CR2E034 (5/01)