

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052033

1. Entity Name

SIMMONS SURPLUS & SALVAGE, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90003 006 ***550.00

Principal Place of Business

4650 NW 72ND AVE
MIAMI FL 33166

Mailing Address

4650 NW 72ND AVE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0441017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, GEORGE H JR
4650 NW 72ND AVE
MIAMI FL 33166

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	SIMMONS, GEORGE H JR	
STREET ADDRESS	5771 SW 14 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	☐ Delete
NAME	SIMMONS, HELEN A	
STREET ADDRESS	5771 SW 14 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	☐ Delete
NAME	SIMMONS, GEORGE H III	
STREET ADDRESS	5771 SW 14 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	☐ Delete
NAME	SIMMONS, STEVEN E	
STREET ADDRESS	5771 SW 14 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

George H. Simmons Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE H. SIMMONS JR Gen Prr. 305-592-3838
Date Daytime Phone #

CR2E034 (5/00)