

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085457

1. Entity Name

SIMPSON & SONS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90011 022 ***150.00

Principal Place of Business

4329 SW 75TH AVE
MIAMI FL 33155

Mailing Address

4329 SW 75TH AVE
MIAMI FL 33155-4474

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

65-0622891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, RUBEN L
4329 SW 75TH AVE
SUITE C
MIAMI FL 33155

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, 2000 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 DP ☐ Delete
NAME SIMPSON, RUBEN L
STREET ADDRESS 6839 SW 114TH PL
CITY-ST-ZIP MIAMI FL 33173

TITLE VP ☐ Delete
NAME SIMPSON, RUBEN
STREET ADDRESS 235 S DONIA AVE #304
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ Delete
NAME SIMPSON, KATHERINE
STREET ADDRESS 10018 HAMMOCS BLVD #105
CITY-ST-ZIP MIAMI FL 33196

TITLE S ☐ Delete
NAME SIMPSON, ALI C
STREET ADDRESS 1500 BAY RD #1107
CITY-ST-ZIP MIAMI BCH FL 33139

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00 305-262-2666

CR2E034 (9/99)