

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90092 032 \*\*\*150.00

0247028 AV

**DOCUMENT # P95000085457**

1. Entity Name  
**SIMPSON & SONS, INC.**

Principal Place of Business  
**4329 SW 75TH AVE**  
**MIAMI FL 33155**

Mailing Address  
**4329 SW 75TH AVE**  
**MIAMI FL 33155**

**504519**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0622891**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME **6839 SW 114TH PL UNIT C**  
 STREET ADDRESS **MIAMI, FL 33173**

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

TITLE ☒ Change ☐ Addition  
 NAME **3251 SW 16 LANE**  
 STREET ADDRESS **MIAMI, FL 33145**

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

TITLE ☒ Change ☐ Addition  
 NAME **6917 SW 16 CT**  
 STREET ADDRESS **MIAMI, FL 33193**

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

TITLE ☒ Change ☐ Addition  
 NAME **860 W. 36 ST.**  
 STREET ADDRESS **HALEAH, FL 33012**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

**RUBEN SIMPSON** **REQUIRE RUBEN Simpson 2/14/02 (305) 202-2046**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)