

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032819

1. Entity Name

SIMAK IMPORT-EXPORT CORPORATION

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90054 043 ***550.00

Principal Place of Business

Mailing Address

4526 LAKE CALABAY DR
200
ORLANDO FL 32837
US

4526 LAKE CALABAY DR
200
ORLANDO FL 32837-5471
US

2. Principal Place of Business

4526 LAKE CALABAY DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32837

Country

USA

Zip

Country

4. FEI Number

59-3382289

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMAS, JOSE L
5381- B HOFFNER DR
ORLANDO FL 32812

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 **P** ☒ Delete
NAME **SIMOSA, WLADIMIR S.**
STREET ADDRESS **14037 FAIRWAY ISLAND DR APT 233**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VP** ☐ Delete
NAME **SIMOSA, VICENTE S.**
STREET ADDRESS **4526 LK CALABAY DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
NAME **SIMOSA, GISELA**
STREET ADDRESS **4526 LKE CALABAY DR**
CITY-ST-ZIP **ORLANDO FL 32837**

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **SIMOSA, WLADIMIR R.**
STREET ADDRESS **4526 LK CALABAY DR.**
CITY-ST-ZIP **ORLANDO, FL 32837**

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

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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:

WLADIMIR SIMOSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

Date

(407) 438-3790

Daytime Phone #

CR2E034 (9/99)