

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000085608(2)**

1. Entity Name

**SIMHA, INC.**

Principal Place of Business

Mailing Address

**Same**

**733 N. ANDREWS AVE  
FT. LAUDERDALE, FL  
33311**

2. Principal Place of Business

**733 N. ANDREWS AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE, FL**

City & State

**FT LAUDERDALE, FL**

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

4. FEI Number

**65-0797269**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**60061852**

6. Name and Address of Current Registered Agent

**Kenneth A. Forman  
1175 NE 125th St. Suite 607  
Miami, FL 33161**

7. Name and Address of New Registered Agent

Name **ROBERT S. ZIPPIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**7101 WEST McNAB ROAD, Suite 200**  
City **TAMARAC** FL Zip Code **33321**

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

**Robert S. Zippin**

**4/6/00**

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.D.** ☐ Delete  
NAME **GEORGES ASSERAF**  
STREET ADDRESS **4320 SW 72nd Way**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D.** ☐ Delete  
NAME **Joseph Candera**  
STREET ADDRESS **4320 SW 72nd Way**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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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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 #

**GEORGES ASSERAF 4/6/00 954 522 7446**

CR2E034 (9/99)