

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90047 033 ***150.00

DOCUMENT # P97000093619

1. Entity Name

SIMI MANAGEMENT ENTERPRISE, INC.

Principal Place of Business

**1535 CYPRESS DRIVE
SUITE 2
JUPITER FL 33469**

Mailing Address

**1535 CYPRESS DRIVE
SUITE 2
JUPITER FL 33469**

2. Principal Place of Business

13205 US HWY 1 STE 507

3. Mailing Address

13205 US HWY 1 STE 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

Juno Beach FL

4. FEI Number

05-0910612

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMON, JANOS DR.
638 N. U.S. HIGHWAY 1
SUITE 311
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name **Dr. Fanos Simon**
Street Address **13205 US Hwy 1 Ste 507**
City **Juno Beach** State **FL** Zip Code **33408**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

**no change - spelling correction
change of address**

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 the tangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election of Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, JANOS DR.	
STREET ADDRESS	1535 CYPRESS DRIVE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Fanos Simon	
STREET ADDRESS	13205 US Hwy 1 Ste 507	
CITY-ST-ZIP	Juno Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)