

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 048 ***150.00

DOCUMENT # P970Q0093619

1. Entity Name

SIMI MANAGEMENT ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

256 Commercial Blvd

3. Mailing Address

721 US Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 122

City & State

Lauderdale by the Sea FL

City & State

North Palm Beach FL

4. FEI Number

65-0910612

Applied For

Not Applicable

Zip

33308

Country

Zip

33408

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dr. Janos Simon

Street Address (P.O. Box Number is Not Acceptable)

721 US Hwy 1 Ste 122

City

North Palm Beach

FL

Zip Code

33408

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

Simon, Janos Dr.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

721 US Highway One Ste 122
North Palm Beach, FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Janos Simon

Dr. Janos Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2002

Date

Daytime Phone #

CR2E034B (12/01)