

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90414 045 \*\*\*150.00

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**DOCUMENT # P97000101519**

**1. Entity Name**  
**SIMONE PRODUCTIONS, INC.**

**Principal Place of Business**  
 1177 NW 171ST TERR  
 PEMBROKE PINES FL 33028

**Mailing Address**  
 1177 NW 171ST TERR  
 PEMBROKE PINES FL 33028

**2. Principal Place of Business**  
 1502 NW 170 Ave.  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 1502 NW 170 Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
 Pembroke Pines, FL.  
 Zip 33028 Country USA

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 Zip 33028 Country USA

**4. FEI Number** 65-0399339  
 Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**  
 TRALINS, MYLES J ESQ.  
 2 SOUTH BISCAYNE BLVD, STE 3310  
 MIAMI FL 33131

**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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHMAND, SIMONE D</b> <b>1177 NW 171ST TERR</b> <b>PEMBROKE PINES FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Simone D. Schmand **SIMONE D. SCHMAND** 04/10/2002 (954) 704-1211  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)