## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P98000012374 **DOCUMENT #** 

SIGNU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1. Entity Name
SYMMETRICAL RESOURCES CORP



**FILED** Jul 25, 2003 8:00 am Secretary of State

07-25-2003 90094 009 \*\*\*158.75

4.25.03

O I I VII VII VII	MOAL REGOTIOES COM	<b>'</b> ,					
700 W HILLSBORO BLVD B-4 STE 201 7			Mailing Address 700 W HILLSBORO BLVD B-4 STE 201 DEERFIELD BEACH FL 33441		1 (1881/1884) (UR 18184) (Bris) (881)/ 881)/	471 <b>70</b> 117 <b>7010</b> 1 11 <b>010</b> 11 <b>110</b> 11 <b>110</b>	# 1884  B\B\ 1884
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-08 13795	·	applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New R	legistered Agent	
PARISH, I			Name Street	Address (F	SEPH WOLFF 20. Box Number is Not Acceptable 95 NW 594H	· · · · · · · · · · · · · · · · · · ·	
701 BRIC MIAMI FL	KELL AVE STE 1900 33131			_40	95 NW 5914	_51	
				10001		FL Zip Cg	3073
	e named entity submits this statement f tions of registered agen).	or the purpose of changing	its registered office of	or registere	ed agent, or both, in the State of Flo	orida. I am familiar with	, and accept
SIGNATUBE:	itoris di bajistered agent.	<b>d</b>				4.25.03	
	oignature, typed or printed name of registered agen	t and tit <sup>le</sup> if applicable. (N	OTE: Registered Agent signa	ature required	when reinstating)	DATE	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				9. Election Campaign Fir Trust Fund Contributio		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	DP	☐ Delete	TITLE	T		Change	☐ Addition
NAME STREET ADDRESS	LIVEK, WILLIAM P 5400 LEITNER DR W CORAL SPRINGS FL		NAME STREET ADDRESS		9 SE ZND ST		
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP	FT	LAUDERDALE FL		
TITLE NAME	DVP Engel, William E	☐ Delete	TITLE NAME	1		☐ Change	Addition
STREET ADDRESS	902 SEASAGE DR		STREET ADDRESS	1			
CITY-ST-ZIP	DELRAY BCH FL		CITY-ST-ZIP	ſ	33	483 (ZIP)	
TITLE	CFO 3	Delete	TITLE			☐ Change	☐ Addition
NAME	BIRCH, THOMAS C		NAME				
STREET ADDRESS	11971 GLENMIRE DRIVE		STREET ADDRESS	1			}
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	<del> </del>			
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	1			
CITY-ST-ZIP			CITY-ST-ZIP	4	族.		
TITLE		☐ Delete	TITLE	-	<u></u>	☐ Change	Addition
NAME			NAME	1 .			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1	<b>₩</b>		
	<del> </del>			<del> </del>	***		
TITLE Name		☐ Delete	TITLE NAME		· •	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	1			
CITY-ST-ZIP			CITY-ST-ZIP	1			
12. I hereby o	certify that the information supplied wit	h this filing does not qualify	for the exemption sta	ated in Sec	ction 119.07(3)(i), Florida Statutes.	further certify that the	information
of the cor changed,	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp , or on an attachment with an addrass	s true and accurate and that cowere t to execute this repo with all other like empowere	t my signature shall t ort as required by Charled,	apter 607,	arrie iegai errect as if made under o Florida Statutes; and that my name	patn; that I am an office e appears in Block 10 c	r or director or Block 11 if

700 West Hillsboro Blvd. Building 4, Suite 201 Deerfield Beach, FL 33441 TEL: 954 427.4104

TEL: 954 427.4104 FAX: 954 427.3760 www.smrb.com



## Simmons

17<sup>th</sup> July 2003 Division Of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: Document #P 13406 Simmons Market Research Bureau Document #P 98000012374 Symmetrical Resources Corp.

Dear Sir or Madam,

Please find enclosed, documents submitted on-line on 04/25/2003 for Simmons Market Research Bureau Inc. and Symmetrical Resources Corp. respectively.

To date our bank account has not been debited electronically as per payment ID#1129492 and #1129330.

We hope that submission of these documents will facilitate the processing of our 2003 Uniform Business Report and reconciliation of our account as soon as possible.

In view of the above we hereby request abatement of the relative penalities.

We look forward to your kind consideration.

Joseph Wolff V.P. Finance

Florida DOS Division of Corporations - Online Payment

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Page 1 of 1

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## **Online Payment System**

PAYMENT RECEIPT				
Transaction Amount:	\$150.00			
Email Address:	BILLE@SYMRESOURCES.COM			
Date/Time Paid:	04/25/2003 08:50:22			
Payment ID Number:	1129330•			
Reference Number:	800017078948			

Thank you for using the LINK SCOV
Online Payment System.
Print this receipt for your records.

You MUST select continue in order to receive your CONFIRMATION from the State.

Continue