

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019544

1. Entity Name

SIMON CAPITAL MANAGEMENT, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90233 019 ***150.00

00051282



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12831 SW 62ND LANE
MIAMI FL 33183
US

Mailing Address

12831 SW 62ND LANE
MIAMI FL 33183
US

2. Principal Place of Business

1201 WREN AVENUE

3. Mailing Address

1201 WREN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-0818629

Applied For

Not Applicable

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, G. MICHAEL

12831 S.W. 62ND LANE
MIAMI FL 33183

Name

G. MICHAEL SIMON

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

1201 WREN AVENUE

City

MIAMI SPRINGS

FL

Zip Code

33166

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON, G M	
STREET ADDRESS	12831 SW 62 LN	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	SIMON, NAOMI P	
STREET ADDRESS	12831 SW 62 LN	
CITY-ST-ZIP	MIAMI FL 33183	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, G M	
STREET ADDRESS	1201 WREN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, NAOMI P	
STREET ADDRESS	1201 WREN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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

G. MICHAEL SIMON, PRESIDENT

4/30/01
Date

305-888-2537
Daytime Phone #

CR2E034 (10/00)