

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90013 005 ***150.00

DOCUMENT # P98000019761
 1. Entity Name
SIMOR MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~2041 N.E. 214TH STREET~~ 2041 N.E. 214TH STREET
~~N MIAMI BEACH FL 33179~~ N MIAMI BEACH FL 33179-1644

2. Principal Place of Business 3. Mailing Address
1662 NE 196 ST **1662 NE 196 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Miami Beach Fl. **N. Miami Beach. Fl**
 Zip Country Zip Country
33179 **USA** **33179** **USA**

4. FEI Number Applied For
65-0828115 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TORJECKI, SZYMON
2041 N.E. 214TH STREET
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name **Szymon Trojecki**
 Street Address (P.O. Box Number is Not Acceptable)
1662 N.E. 196 ST
 City **North Miami Beach** **FL** Zip Code **33179**

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete
NAME	TROJECKI, SZYMON
STREET ADDRESS	2041 N.E. 214TH STREET
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	UZIEL, MORDEHAJ
STREET ADDRESS	2041 N.E. 214TH STREET
CITY-ST-ZIP	N MIAMI BEACH FL 33179
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1662 NE 196 ST.
CITY-ST-ZIP	N. Miami Beach. Fl 33179
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]* Date **3-3-2000** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)