

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0285798 AV

DOCUMENT # P98000019761

1. Entity Name
SIMOR MANAGEMENT, INC.

04-16-2002 90032 028 ***150.00

Principal Place of Business
1662 NE 196 ST
N MIAMI BEACH FL 33179

Mailing Address
1662 NE 196 ST
N MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3250 N.WEST 36 STREET

3. Mailing Address

1662 N.E 196 STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0828115

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORJECKI, SZYMON
1662 N.E. 196 ST
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

TROJECKI, SZYMON

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

1662 N.E 196 STREET

City

N. 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 **TROJECKI, SZYMON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/02

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 **D** ☐ Delete
NAME **TROJECKI, SZYMON**
STREET ADDRESS **1662 NE 196 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~TROJECKI, SZYMON~~ ☐ Change ☐ Addition
NAME ~~TROJECKI, SZYMON~~
STREET ADDRESS ~~1662 NE 196 ST~~
CITY-ST-ZIP ~~N MIAMI BEACH FL 33179~~

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: **TROJECKI, SZYMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

Daytime Phone #

CR2E034 (9/01)