

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90250 023 ***150.00

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DOCUMENT # P98000027479

1. Entity Name
SIMGOLD INC.



Principal Place of Business
**72 N.W. 79TH STREET
MIAMI FL 33150
US**

Mailing Address
**11630 SW 144TH AVENUE
MIAMI FL 33186
US**



2. Principal Place of Business

3. Mailing Address

11630 SW 144 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

65-0853291

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMENGOLD, MYRON
11630 SW 144TH AVENUE
MIAMI FL 33186**

Name

Myron Blumengold

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BLUMENGOLD, MYRON
11630 SW 144TH AVENUE
MIAMI FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myron Blumengold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

305 757-4541

Daytime Phone #

CR2E034 (10/02)