2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90107 038 ***150.00

DOCUMENT # P 99000018259

1. Entity Name
SIMCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
308 Loon Ave. Sebring, Fl. 33812	308 Loon Ave. Sebring, Fl. 33182

[redacted]
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9745 Miller Dr	9745 Miller Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl. 33165	City & State: Miami, Fl. 33165
Zip: 33165 / Country	Zip: 33165 / Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACEDO, CARLOS
~~8870-3 SW 40TH STREET~~
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9745 Miller Dr.

City: Miami FL Zip Code: 33165

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 _____ Carlos Macedo 1/31/00
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) ☐

FILING NOW WILL 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Manuel Ogando 308-Loon-Ave.- ~~Sebring, Fl. 33182~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9745 Miller Dr. Miami, Fl. 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Scott McCurdy 308 Loon Ave. Sebring, Fl. 33182 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Carlos MAcedo 9745 Miller DR. Miami, Fl. 33165 ☐ Change ☒ Addition
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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: _____ Carlos Macedo, TD 1/31/00 (305)412-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #