

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90156 010 \*\*\*150.00

**DOCUMENT # P99000084899**

1. Entity Name

**SIMPLY WOOD, INC.**

Principal Place of Business

**601 BRICKELL KEY DRIVE SUITE 705  
 MIAMI FL 33131  
 US**

Mailing Address

**1561 SE 24TH TERRACE  
 POMPANO BEACH FL 33062  
 US**

2. Principal Place of Business

**1541 SE 24<sup>th</sup> TERR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**POMPANO BEACH FL**

City & State

Zip

**33062**

Country

**BROWARD**

Country

4. FEI Number

**65-0957138**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DE LA PENA & BAJANDAS, LLP  
 601 BRICKELL KEY DRIVE SUITE 705  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CINDALEAH KOVARS**

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

**1561 SE 24 TERRACE**

City **POMPANO BEACH**

**FL**

Zip Code

**33062**

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

*Cindaleah Kovars*

**4-15-02**

Signature, typed or printed name of registered agent and title 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, 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 **PSD** ☐ Delete  
 NAME **WHTAKER, RON**  
 STREET ADDRESS **1561 SE 24TH TERRACE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **S** ☒ Delete  
 NAME **BAJANDAS, RICARDO**  
 STREET ADDRESS **601 BRICKELL KEY DR. #705**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPST** ☒ Change ☐ Addition  
 NAME **RON WHITEAKER**  
 STREET ADDRESS **1541 SE 24 TERR**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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.

**RON WHITEAKER  
 PRES.**

SIGNATURE:

*R. Whiteaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-02**

CR2E034 (9/01)