

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090612

1. Entity Name

ST. SIMON ENTERPRISES INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90317 010 ***150.00

Principal Place of Business

9113-C SW. 20TH COURT
PLANTATION FL 33324

Mailing Address

9113-C SW. 20TH COURT
PLANTATION FL 33324-5074

2. Principal Place of Business

704 SW 88th Terrace

3. Mailing Address

704 SW 88th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

33324 USA

Zip

Country

33324 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, LISA ANN
9113-C SW. 20TH COURT
PLANTATION FL 33324

Name
LISA Ann Simon

Street Address (P.O. Box Number is Not Acceptable)
704 SW 88th Terrace

City
Plantation

FL

Zip Code
33324

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 LISA Ann Simon, Pres. LISA Ann Simon
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-25-00

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, 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
D
SIMON, LISA ANN
9113-C SW. 20TH COURT
PLANTATION FL 33324 ☐ Delete

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

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

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 a address, with all other like empowered.

SIGNATURE: LISA Ann Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

954452-0644

Daytime Phone #

CR2E034 (9/99)