P99000107286

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State
06-03-2000 90002 006 ***150.00

DOCUMENT # P99000107286

1. Entity Name
SIMON SAYS ENTERPRISES, INC

Principal Place of Business	Mailing Address
7925 NW 12St Ste A-318 Miami, Fl. 33126	2333 Brickell Ave Mezzanine Suite Miami, Fl. 33129

732445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7925 NW St Ste	2333 Brickell Ave
Suite, Apt. #, etc. A-318	Suite, Apt. #, etc. Mezzanine-Suite
City & State Miami, Florida	City & State Miami, Florida
Zip 33126 / Country U.S.A.	Zip 33129 / Country U.S.A.

4. FEI Number 65-0978976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALEK, FARHAD
2333 BRICKELL AVE, MEZZANINE SUITE
MIAMI, FL. 33129

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE ____ 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) ☐

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	PD RIOS, LUIS 7925 NW St Ste A-318 Miami, Fl. 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (6/99)

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.

4/28/2000

SIGNATURE