## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am DOCUMENT# S34662

SIMODE	ie		1 }	A	- Secretai	ry of State
	V HOLDING	S, INC.			- 1b - 2	0006 049 ***150.00
			$C \rightarrow C$		07-12-2000 X	150.00
Department Disk	Divologani		Adding Address			
Principal Place			Mailing Address			
1920 GALŤ OČE JNIT 711	EAN DR.		4020 GALT OCEAN DR. UNIT 711			
FT. LAUDERDAL		and the second	FT. LAUDERDALE FL 3330	g-6528		
	« ·	,			E REGIONAL CETT TENE BETTE BINKS BETTE HORE	1/2// 8/10// 8/10// \$10// 11/4// 1881
2. Principal Place of Business . 3. Mailing			3. Mailing Address			
		· · · · · · · · · · · · · · · · · · ·			f innsier ide miss eine eine eine bitte inte	listi Billst Blått årbis bless svar
Suite, Apt.	#, etc.	•	Suite, Apt. #, etc.		DO NOT WRITE IN THE	\$ SPACE
City & State			City & State		4. FEI Number CE 0422704	Applied For
Only a State	e		Ony a oldic		4. FEI Number 65-0432784	Not Applicable
Zip	. (	Country	Zip .	Country	5. Certificate of Status Desired	\$8.75 Additional
				<u> </u>		Fee Required
	6. Name an	d Address of Current F	legistered Agent	Name	7. Name and Address of New Registere	d Agent - Service Service
~ ~. Out		erinania (normania entre	5			
	EONE, VINCEN GALT OCEAN		يونيسونيو لا دران	Street Addres	is (P.O. Box Number is Not Acceptable)	
#711	•	DAIVE			3 -	
	Lauderdale I	FL 33308			-	■ Zip Code
				City	F	L Zip Code
8. The above	named entity su	bmits this statement for	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida.	
					•	
SIGNATURE .						
	Signature, typed or pr	Inted name of registered agent ar	nd title if applicable, (NO:	TE: Registered Agent signature requ	ired when reinstating) . DATE	
9. This corpo	ration is eligible	to,satisfy its Intangible		!!! FEE IS \$150.00	10. Election Campaign Financing	_ \$5.00 May Be
	equirement and	elects to do so.				
(See Fuite)		_		000 Fee will be \$550.09	Trust Fund Contribution.	Added to Fees
	ria on back)		Make Check Paya	ble to Department of S	Trust Fund Contribution.	Added to Fees
1		_	Make Check Paya	ble to Department of S	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11
11. TITLE	D ' '	OFFICERS AND I	Make Check Paya	ble to Department of S	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11
IIITE	D SIMEONE, V	OFFICERS AND I	Make Check Paya	ble to Department of S	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11
NAME	D SIMEONE, V 4020 GALT (	OFFICERS AND D	Make Check Paya	ble to Department of S  12.  TITLE  NAME	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	D SIMEONE, V 4020 GALT ( FT. LAUDERI D	OFFICERS AND D NCENT DCEAN DR, #711	Make Check Paya	ble to Department of S  12.  TIPLE  NAME  STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SIMEONE, V 4020 GALT ( FT. LAUDER! D BELL, PHIL	OFFICERS AND DINCENT DOEAN OR, #711 DALE FL 33308	Make Check Paya	ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Charge Addition-   Addition-  A
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya	ble to Department of S  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Charge Addition-   Addition-  A
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOEAN OR, #711 DALE FL 33308	Make Check Paya  Delete  Delete	ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition- Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya	ble to Department of S  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Charge Addition-   Addition-  A
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  Delete  Delete	ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition- Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  Delete  Delete	ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition- Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  Delete  Delete	ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition- Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete	bie to Department of S  12.  TIPLE NAME STRET ADDRESS CITY-SI-ZIP TIPLE NAME	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete	bie to Department of S  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE NAME STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, V 4020 GALT ( FT. LAUDERI D BELL, PHIL 10155 COLLI	OFFICERS AND DINCENT DOCEAN DR, #711 DALE FL 33308 INS AVE. #604	Make Check Paya  DELETE  Delete  Delete  Delete	bie to Department of S  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE NAME STREET ADDRESS CITY-ST-ZIP  TIPLE	Trust Fund Contribution.	Added to Fees  ND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Addition

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. The half other like empowered.

SIGNATURE:

Doc#534662

## Allan Brodkin, C.A. 400 Boul.De. Maisonneuve Ouest, Suite1202 Montreal, Quebec, H3A 1L4 Tel: (514)282-1407; Fax: (514)282-6324

September 1, 2000

Florida Department Of State P.O. Box 6327 Tallahassee, Florida, U.S.A. 32314

RE:

Simodev Holdings, Inc. Uniform Business Report

Reference Number: S34662 Year:

2000

Dear Sirs/Mesdames,

Further to our conversation today with Andy Dunlap, a supervisor with your department, we are writing to you concerning your letter dated July 18, 2000 that requested a balance due of \$400, a copy of which is enclosed. As we explained to Mr. Dunlap, the form along with a cheque for the balance due of \$150, was completed and forwarded to you from my office in Canada on April 17, 2000, this date being prior to the date due which we understand to be May 1, 2000. Although we mailed the forms on time, apparently your department received them after the due date.

Although we regret any inconvenience that has been caused by your receiving the uniform business report after the due date, please understand that we truly attempted to have the report in prior to that date by mailing it from Canada in mid-April. Unfortunately, postal delays caused the form to be received late by your department.

As Mr. Dunlap explained, the penalty of \$400 would be cancelled for the current year based on this letter requesting the cancellation. We understand that this is only for the current

Kindly process the request and the uniform business report as required, and cancel the penalty. Your co-operation is appreciated.

Please acknowledge receipt of this letter and forward all correspondence directly to the company. Should there be any problems or questions, please do not hesitate to contact my office.

Yours trulx