

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0310245 AV

DOCUMENT # **V11486**

1. Entity Name
SIMOWICZ ENTERPRISES, INC.



04-16-2003 90122 014 ***150.00

Principal Place of Business
**9731 N. COUNTRY CLUB DR.
APT. 921
AVENTURA FL 33180
US**

Mailing Address
**9731 N. COUNTRY CLUB DR.
APT. 921
AVENTURA FL 33180
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**3456 S. OCEAN BLVD
Suite, Apt. #, etc.
APT. 505
PALM BEACH FL.
Zip 33480 Country U.S.**

3. Mailing Address
**3456 S. OCEAN BLVD
Suite, Apt. #, etc.
APT. 505
PALM BEACH FL.
Zip 33480 Country U.S.**

4. FEI Number **65-0309860** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**SIMOVICH, ENRIQUE
9731 N. COUNTRY CLUB DR.
APT. 921
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name **SIMOVICH ENRIQUE**
Street Address (P.O. Box Number is Not Acceptable) **3456 S. OCEAN BLVD
APT. 505**
City **PALM BEACH FL** Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMOVICH, ENRIQUE 9731 N. COUNTRY CLUB DR., #921 AVENTURA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIMOVICH, SARA 9731 N. COUNTRY CLUB DR., #921 AVENTURA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMOVICH ENRIQUE 3456 S. OCEAN BLVD #505 PALM BEACH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIMOVICH SARA 3456 S. OCEAN BLVD #505 PALM BEACH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-12-03** DAYTIME PHONE # **561 582 3033**

CR2E034 (10/02)