

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 377406

1. Entity Name
S. C. S., INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90137 019 ***150.00

Principal Place of Business 2083 NE 160TH ST MIAMI FL 33162	Mailing Address 2083 NE 160TH ST MIAMI FL 33162
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2. Principal Place of Business 1601 N. PALM AVENUE Suite, Apt. #, etc. # 308	3. Mailing Address 1601 N. PALM AVENUE Suite, Apt. #, etc. # 308
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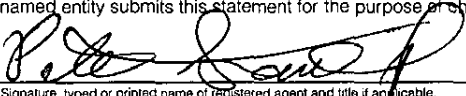
City & State PEMBROKE PINES, FLORIDA	City & State PEMBROKE PINES, FLORIDA
Zip 33026	Country USA

4. FEI Number 59-1454956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTI, PETE JR 2083 NE 160TH ST MIAMI FL 33162

7. Name and Address of New Registered Agent Name SANTI, PETE JR Street Address (P.O. Box Number is Not Acceptable) 1601 N. PALM AVENUE, SUITE # 308 City PEMBROKE PINES FL Zip Code 33026

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  PETE SANTI, JR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	4/16/01 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTI, PETE JR 2083 N E 160TH ST MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTI, PETE JR 1601 N. PALM AVENUE, SUITE 308 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTI, ROSE 2083 N E 160TH ST MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTI, ROSE 1601 N. PALM AVENUE, SUITE 308 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: 	PETE SANTI, JR	4/16/01	305-949-7315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

UCR1000

CR2E034 (10/00)