

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509112

1. Entity Name  
SCS MANAGEMENT COMPANY INTERNATIONAL ✓

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 021 \*\*\*550.00

Principal Place of Business  
C/O KANTOR, DAVIDOFF, WOLFE, ETAL  
51 EAST 42ND STREET  
NEW YORK NY 10017

Mailing Address  
C/O KANTOR, DAVIDOFF, WOLFE, ETAL  
51 EAST 42ND STREET  
NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*as above*

3. Mailing Address  
*as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1725420

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANFORD, STEVEN  
4437 WHITE CEDAR LANE  
DELRAY BEACH FL 33445

Name *N/A*

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 *STEVEN SANFORD*

*Steven Sanford*

*7/19/00*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
SANFORD, STEVEN  
51 EAST 42ND STREET, 17TH FLOOR  
NEW YORK NY 10017 ☐ Delete

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

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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:

*Steven Sanford Pres*

*7/19/00*

*212-682-5363*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)