2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737537

1. Entity Name

SCOTTY CONDO, INC.

FILED
01 JAN -3 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7503 NW 44TH COURT CORAL SPRINGS FL 33065-2049	7503 NW 44TH COURT CORAL SPRINGS FL 33065-2049 US

DO NOT WRITE ABOVE THIS SPACE

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2418264 ☐ Applied For ☐ Not Applicable

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

SD

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESOUZA, NATANAEL 7503 NW 44 CT SUITE 11 CORAL SPRINGS FL 33065	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 _____ 12/21/2000

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DESOUZA, NATANAEL 7503 NW 44 CT SUITE 11 CORAL SPRINGS FL 33065	☒ Delete	PD DESOUZA, NATANAEL 7502-3 NW 44TH CT CORAL SPRINGS, FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARDS, VALERIE 7503 NW 44 CT SUITE 2 CORAL SPRINGS FL 33065	☐ Delete	400003532684--3 -01/11/01--01042--003 ****236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAMIREZ, ELVIRA 6240 SW 8 CT NORTH LAUDERDALE FL 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 617, 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 REQUIRED 10/05/00 (954) 345 3546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #