

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831208

1. Entity Name

SCANDIA ENTERPRISES N.V.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90061 024 ***150.00

Principal Place of Business Mailing Address
CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131-4332 CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1496834 Applied For Not Applicable
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
CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA 15TH FLOOR
MIAMI FL 33131

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 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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOHOROS, MOISES		NAME		
STREET ADDRESS	% 201 S BISCAYNE 16TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOHOROS, DAVID M.		NAME		
STREET ADDRESS	% 201 S BISCAYNE 16TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEHEERSKANTOOR, LEX		NAME		
STREET ADDRESS	PIETERMAAI 23		STREET ADDRESS		
CITY-ST-ZIP	CURACAO, ANTILLES NE.		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOHOROS, RICHARD M.		NAME		
STREET ADDRESS	% 201 S BISCAYNE 16TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, LILLIAN		NAME		
STREET ADDRESS	4155 SW 67 AVE, #101B		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Moises Yohoros 4-21-00 305-270-0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)