

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-26-2000 90061 024 \*\*\*150.00

**DOCUMENT # 831208**

1. Entity Name  
**SCANDIA ENTERPRISES N.V.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI FL 33131-4332	Mailing Address CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI FL 33131L
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2. Principal Place of Business	3. Mailing Address <b>9095 SW 87 Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>777</b>

City & State <b>Miami FL</b>	4. FEI Number <b>59-1496834</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33126</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
 100 CHOPIN PLAZA 15TH FLOOR  
 MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 <b>PD</b>	NAME <b>YOHOROS, MOISES</b>	TITLE	NAME
STREET ADDRESS <b>% 201 S BISCAYNE 16TH FL</b>	CITY-ST-ZIP <b>MIAMI FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>STD</b>	NAME <b>YOHOROS, DAVID M.</b>	TITLE	NAME
STREET ADDRESS <b>% 201 S BISCAYNE 16TH FL</b>	CITY-ST-ZIP <b>MIAMI FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>BEHEERSKANTOOR, LEX</b>	TITLE	NAME
STREET ADDRESS <b>PIETERMAAI 23</b>	CITY-ST-ZIP <b>CURACAO, ANTILLES NE.</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>YOHOROS, RICHARD M.</b>	TITLE	NAME
STREET ADDRESS <b>% 201 S BISCAYNE 16TH FL</b>	CITY-ST-ZIP <b>MIAMI FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>AS</b>	NAME <b>SHERMAN, LILLIAN</b>	TITLE	NAME
STREET ADDRESS <b>4155 SW 67 AVE, #101B</b>	CITY-ST-ZIP <b>DAVIE FL</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 Date: 4-21-00 Daytime Phone #: 305-270-0870

CR2E034 (9/99)