

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90213 037 ***150.00

DPK032 AV

DOCUMENT # 831208

1. Entity Name

SCANDIA ENTERPRISES N.V.

Principal Place of Business

**CORPORATION COMPANY OF MIAMI
 100 CHOPIN PLAZA, 15TH FLOOR
 MIAMI FL 33131-4332**

Mailing Address

**9095 SW 87 AVE., #777
 MIAMI FL 33176**

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

59-1496834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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**

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	YOHOROS, MOISES	% 201 S BISCAYNE 16TH FL	MIAMI FL						
	STD			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	YOHOROS, DAVID M.	% 201 S BISCAYNE 16TH FL	MIAMI FL						
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	BEHEERSKANTOOR, LEX	PIETERMAAI 23	CURACAO, ANTILLES NE.						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	YOHOROS, RICHARD M.	% 201 S BISCAYNE 16TH FL	MIAMI FL						
	AS			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SHERMAN, LILLIAN	4155 SW 67 AVE, #101B	DAVIE FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moises Yohoros

Date

Daytime Phone #

4/29/02 305-270-0870

CF2E034 (9/01)