

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001055**

1. Entity Name

**SCL INVESTMENTS, LTD.**

Principal Place of Business

**2100 SOUTH OCEAN LANE, #1905  
FT. LAUDERDALE FL 33316-3827**

Mailing Address

**2100 SOUTH OCEAN LANE, #1905  
FT. LAUDERDALE FL 33316-3827**

2. Principal Place of Business

**5820 Miami Lakes Dr.**

3. Mailing Address

**5820 Miami Lakes Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Lakes, FL**

City & State

**Miami Lakes, FL**

4. FEI Number

**65-1055059**

Applied For

Not Applicable

Zip

**33014**

Country

Zip

**33014**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**FILED**

**01 JUL 10 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



6. Name and Address of Current Registered Agent

**LEWIS R. COHEN  
1399 S.W. 1ST AVENUE  
THIRD FLOOR  
MIAMI FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000058604**  
NAME **SCL HOLDINGS, INC.**  
STREET ADDRESS **2100 SOUTH OCEAN LANE, #1905**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316-3827**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**5820 Miami Lakes Dr.**

CITY-ST-ZIP

**Miami Lakes, FL 33014**

STREET ADDRESS

CITY-ST-ZIP

**600004484916--8**

**-07/18/01--01080--005**

**\*\*\*\*926.25 \*\*\*\*926.25**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SCL HOLDINGS, INC**  
**Signature of Secretary** **6/26/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)

0006694 AF